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ABSTRACT

Presented are guidelines, suggested methods, and forms for the screening, evaluation, placement, and dismissal of children into and out of special programs for the handicapped in South Carolina. Offered are guidelines, forms, and publicity announcements for screening in the community and school. Provided are the definition, identification criteria, requirements for evaluation, placement procedures, and record keeping requirements for each of the following exceptionalities: educable mentally handicapped, trainable mentally handicapped, speech and language handicapped, hearing handicapped, orthopedically handicapped, visually handicapped, learning disabled, emotionally handicapped. Appended is a summary of information on approximately 40 tests. (DB)

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PROCEDURES FOR SURVEY, SCREENING, EVALUATION, PLACEMENT, AND DISMISSAL OF CHILDREN INTO/OUT OF PROGRAMS FOR THE HANDICAPPED

EC090089

SUGGESTED METHODS OF SURVEYING POPULATION

Each school district individually or in combination with other school districts shall conduct a survey of the educational needs of all handicapped children within its jurisdiction and, with the assistance of the State Department of Education, devise an educational plan for the children concerned. (Article 4 1 of the 1972 South Carolina Code of Laws, as amended.)

A survey is a formal process initiated by the local education agency to determine the number and kind of handicapped children resident in the geographic area comprising that school district.

A survey process may be divided into community survey and a school survey. The following are suggested components of a complete district survey.

COMMUNITY SURVEY

A community survey should include the following awareness activities:

A. General

In a formal effort to solicit referrals for handicapped children from birth through twenty-one (21) years of age, correspondence should be directed to all state, community, and private agencies relating to handicapped children. These should include local Health Departments, local Mental Health Centers, centers associated with the Department of Mental Retardation, Family Services Centers, Community Speech and Hearing Centers, the South Carolina Commission for the Blind, local offices of the Department of Social Services, local Vocational Rehabilitation Counselors, Child Development Centers, Easter Seal Society, United Cerebral Palsy, Muscular Dystrophy Association, and others which are located within the school district or region. Organizations and service clubs should also be contacted, for example, the South Carolina Optometric Association, Association for Retarded Citizens, Association for Children with Learning Disabilities, Lions Clubs, etc.

The written correspondence should include a letter (Sample A) delineating the various handicapping conditions served by public school programs, the services presently available, and those planned for the district. Information regarding federal and state guidelines requiring programs for handicapped children within public schools should be included. The name and telephone number of the individual to whom referrals may be made and descriptive pamphlets and brochures for display in public places should also be provided. Typical public places may include physicians' reception areas, lobbies of public buildings, etc.

B. Specific

1. Correspondence (Sample A) should be directed to local physicians in an effort to solicit referrals for children from birth through twenty-one (21) years of age.

The written correspondence should include a letter delineating the various handicapping conditions served by public school programs, the services presently available, and those planned for the district. Information regarding federal and state guidelines requiring programs for handicapped children within the public schools should also be included. The name and telephone number of the individual to whom referrals may be made should be accompanied by descriptive pamphlets and brochures for display in the physician's office.

2. There should be written communication (Sample A) with clergymen to facilitate announcements in the churches as to the characteristics of handicapped children, the services available through the public school programs and the procedures for requesting assistance.

An announcement (Sample B) should be prepared and included in the correspondence for possible inclusion in church bulletins and newsletters. The name and telephone number of the individual to whom referrals may be made should be included.

3. A formal effort should be made to solicit referrals from nursery schools, kindergartens, head start programs, day care centers, and private schools.

Correspondence should include a letter (Sample A) delineating the various handicapping conditions served by public school programs, the services presently available, and those planned for the district. Information regarding federal and

state guidelines requiring programs for handicapped children within the public schools should be included. The name and telephone number of the individual to whom referrals may be made should be accompanied by descriptive pamphlets and brochures for display.

4. The local media (newspaper, radio, television, etc.) should be utilized to publicize the availability of public school services for handicapped pupils and the appropriate referral process. (Information may be provided similar to that included in Sample B)

5. The public school program should schedule an annual public meeting at a mutually convenient time for all individuals interested in public school programs for handicapped children. The event should be widely publicized through the media. The content of the session may include information relative to the services available and those planned for handicapped children. Information regarding federal and state legislation requiring programs for handicapped children within the public schools should also be included on the program.

6. It is suggested that the public schools schedule an annual SEARCH (Survey of Every Available Resource for Children with Handicaps) for suspected handicapped children. SEARCH may be perceived as a concerted effort of several days duration whose purpose is to conduct an initial, or preliminary, screening of all referred children. The SEARCH should be announced and publicized by all of the procedures described above and embellished by poster display (Sample C) in public areas including grocery stores, beauty shops, etc.

Example of a SEARCH

Such a process could be conducted as follows. A two day SEARCH may be scheduled during the year for the initial screening of suspected handicapped children. The media should provide information and announcements, publicity included in local church bulletins, information posted in physicians' offices, etc. Consideration may be given to involving church groups and service clubs in the planning and the implementation of SEARCH. Parents or guardians who suspect handicapping conditions in their children may bring the child to the SEARCH site for initial screening. Following screening of the child, contingent upon the suspected handicapping condition, referral may be made for formal screening and further evaluation. The parents or guardians must be apprised of the screening results, recommendations, and/or referrals at time of the SEARCH.

SCHOOL SURVEY

A school survey should include the following:

1. Bulletins (Sample D) describing observable signs of handicapping conditions should be developed by the local education agency personnel and disseminated as information to the following:
 - a. Principals,
 - b. Guidance counselors
 - c. Teachers,
 - d. Special services personnel and school health personnel
2. A review of pupil records should be conducted annually. Data to be reviewed should include but not be limited to (a) district records of pupils receiving homebound instruction, (b) cumulative folders for significant data, (results of readiness, achievement and intelligence tests), (c) review by the school health nurse of the pupil health records for the identification of potential visual, hearing and/or orthopedic handicaps, (d) review of behavioral history to determine possible emotional handicaps. The records could be reviewed by the school nurse, the regular classroom teacher, the special teacher, or, in some instances, by teacher aides.
3. In-service training sessions should be conducted by the local education agency personnel responsible for special programs in an effort to apprise school personnel of the (1) existing special programs available to pupils who are handicapped, (2) the necessary referral procedures, (3) the functions/role of special education teachers, and (4) the legal responsibilities involved in the implementation and maintenance of special education programs. Suggested times for in-service sessions may include:

- a. Faculty meetings
- b. District-wide orientation meetings
- c. School Board meetings
- d. Principals' meetings

4. A standard referral system must be established in each school district. Referrals may be made by teachers, school nurses, attendance supervisors, guidance counselors, social workers, other school personnel, and other appropriate persons. These referrals should be reviewed by personnel in the local education agency to facilitate further identification.

SAMPLE A

Correspondence to Physicians, Agencies, Ministers, etc.

August 18, 1975

Dear

In order to plan for the educational needs of all handicapped children residing in , we must first identify them. The handicapping conditions eligible for services in public school programs are educable mentally handicapped, trainable mentally handicapped, emotionally handicapped, hearing handicapped, and orthopedically handicapped. South Carolina statutes require public school programs to provide appropriate educational programs for handicapped children. Programs may vary from children receiving special instruction in a regular class to a full-time self-contained program depending on the individual needs of the pupil. Please find enclosed several brochures designed for display in your office or reception area.

We would appreciate your assistance in locating any child or children whom you suspect as being handicapped. Please contact at on weekdays between the hours of

All names of referred persons will remain confidential.

We thank you for your continued interest and service to all children.

Sincerely,

SAMPLE B

Announcements (church bulletins, newsletter, etc.)

The school district presently provides programs or is planning programs, services for children with the following handicapping conditions: mentally handicapped, hearing handicapped, visually handicapped, orthopedically handicapped, speech and language handicapped, learning disabled, and emotionally handicapped. Should you be aware of any such children who are in need of services, please contact _____ at _____ on weekdays between the hours of _____. All names of referred persons will remain confidential.

SAMPLE D

An alternative method of orienting persons to handicapping conditions could be to focus on a *specific* handicapping condition. This method may be more appropriate for a district in those instances where certain categories of handicapped children have not been identified.

EXAMPLE:

Do you have a pupil who may possibly have a visual handicap? There are many observable signs that may be manifested physically or by the pupil's visual behavior. If so, then it is up to you to refer this child for an appropriate vision screening or evaluation. The following checklist may help you identify a child with a visual problem.

I. Physical Appearance

- a. Swollen or red-rimmed eyelids
- b. Crusts near the lashes
- c. Frequent sties
- d. Unusual discharge from eyes or along the lids
- e. Eyes that do not appear straight, i.e., one or both turn in or out, one or both tend to wander when child tries to focus
- f. Pupils of the eyes are of different sizes
- g. Eyes that move constantly, that is, "jerk" or "dance" involuntarily
- h. Drooping eyelids

II. Visual Behavior

- a. Complaints of aches or pains in the eyes, excessive headaches, dizziness or nausea after close eye work
- b. Squinting, blinking, frowning, facial distortions, constant rubbing of eyes or attempt to brush away blur, tilting of the head when seeing, closing or covering one eye when looking or reading
- c. Undue light sensitivity
- d. Holding of reading material too close or too far away, frequently changing the distance of reading material from near to far
- e. Head thrust forward or body tense when viewing distant objects
- f. Inattentiveness during reading, cannot read for long periods without tiring, reads more poorly as time span increases
- g. Tendencies toward reversals of letters and words or confusion of letters and numbers with similar shapes
- h. Constant loss of place in a sentence or on a page
- i. Poor space in writing, with inability to "stay on the line"
- j. Preference for reading rather than play activities
- k. Unusual use of colors in art work

Please Contact:

SAMPLE D

Have YOU noticed some of the following behaviors in any of your students? If so, the signs may indicate a need for special supportive services, and you should contact:

VISION

- Eye "muscle imbalance"
- Covers one eye
- Rubs eyes, frowns
- Crusting, reddening of eyelids
- Holds book in unusual position

HEARING

- Turns head to catch sounds
- Frowns or strains forward to hear voices
- May have either weak or loud voice
- Watches lips of speaker
- Frequent request for instructions

MOTOR

- Difficulty in walking, sitting, standing, using hands
- Muscle weakness
- Incoordination
- Paralysis

SPEECH

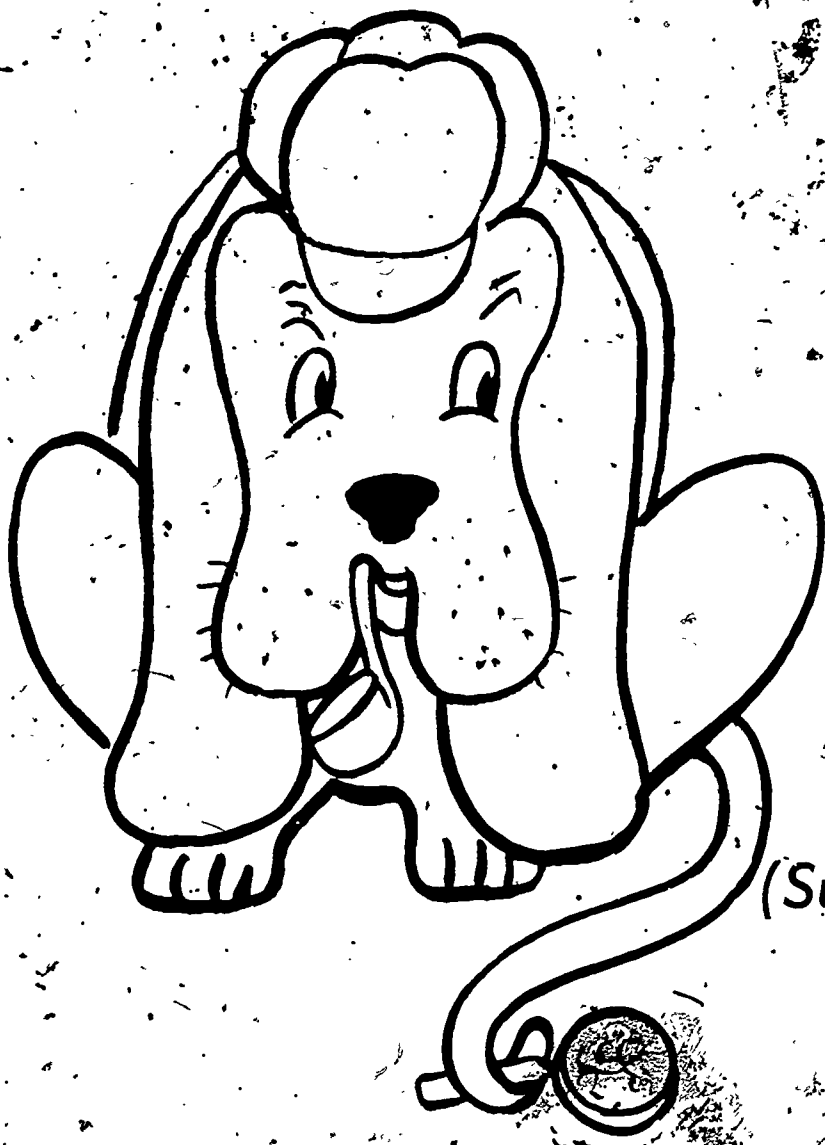
- Speech unintelligible
- Inappropriate speech
- Word ending consistently dropped
- Distortions, omissions, substitutions
- Voice is monotone, extremely loud

EMOTIONAL

- Unsatisfactory interpersonal relationships with peers/parents
- Inappropriate or immature types of behaviors or feelings
- General pervasive mood of unhappiness or depression
- Tendency to develop physical symptoms associated with emotional problems

THINKING

- Inability to reproduce shapes
- Easily distracted
- Inability to control emotions
- Poor language development
- Poor motor coordination
- Inability to attend to a task



LOOK

*We're Having
A "SEARCH"*

*(Survey of Every Available
Resource for Children
with Handicaps)*

*Children Will Be Screened At
Smith Elementary*

On Sept. 8 and 9 Between 9 a.m. and 4 p.m.

For Further Information

Call: _____

"SEARCH"

(Survey of Every Available Resource for Children
with Handicaps)

Do You Know a Child Who Doesn't Talk or
Who can't be Understood?

Does Your Child Hear and See Well?

Is Your Child Uncoordinated or Frequently
Falls down?

Is Your Child Always Unhappy or Acts
Overly Aggressive?

If You Have any Doubts Bring Him or Her to
Smith Elementary

On Sept. 8 or 9 Between 9:00 and 4:00

For Further Information Call: _____

SPECIFIC SCREENING PROCEDURES

Appropriate screening procedures can eliminate many faulty referrals. Owing to the diversity of handicapping conditions, a number of persons would normally participate in the screening process. Article 4.1 of the 1972 S. C. Code of Laws, as amended, requires each school district to screen its population to determine the handicapped children requiring programs services. The following information relative to screening is offered as a means of insuring both thoroughness and economically efficient processes for screening children suspected of possessing handicapping conditions.

I. EDUCABLE MENTALLY HANDICAPPED

Screening for educable mentally handicapped pupils may be conducted by regular or special teacher(s), guidance counselor(s), or other appropriate school personnel.

The person initiating the referral should present reasons for the referral. These reasons may include such characteristics as:

- 1) short attention span or lack of concentration
- 2) low frustration tolerance
- 3) difficulty in recalling auditory and visual stimuli
- 4) difficulty in generalization skills and ability to transfer learning
- 5) poor language development

In addition to the information obtained through observation, supportive information should be included in the referral. Supportive information should include the results of nondefinitive individually administered intelligence/achievement tests. Typically, such instruments would include the Slosson Intelligence Test, Wide Range Achievement Test and the Otis-Lennon Mental Ability Test.

The referral form developed by the district should provide the opportunity for the referent to describe the degree he perceives that the candidate possesses characteristics of educable mental retardation which cannot be accorded to cultural differences. Consideration of biographical and environmental factors may indicate a need to administer a test of language dominance prior to psychological referral.

II. TRAINABLE MENTALLY HANDICAPPED

Screening for trainable mentally handicapped pupils may be conducted by regular or special teacher(s), guidance counselor(s), or other appropriate school personnel.

The person initiating the referral should present reasons for the referral. These reasons may include such characteristics as:

- 1) need for developing self-help skills
- 2) extremely poor receptive and expressive language ability
- 3) short attention span or lack of concentration
- 4) low frustration tolerance
- 5) poor socialization skills

In addition to the information obtained through observation, supportive information should be included in the referral. Supportive information should include the results of nondefinitive individually administered intelligence/achievement tests. Typically, such instruments would include the Slosson Intelligence Test, Wide Range Achievement Test and the Otis-Lennon Mental Ability Test.

The referral form developed by the district should provide the opportunity for the referent to describe the degree he perceives that the candidate possesses characteristics of trainable mental retardation which cannot be accorded to cultural differences. Consideration of biographical and environmental factors may indicate a need to administer a test of language dominance prior to psychological referral.

III. SPEECH AND LANGUAGE HANDICAPPED

It is important that all public school children receive screening in order to determine the district's need for a total speech correction program. Upon completion of a district-wide screening program, the following screening process is recommended in subsequent years:

- 1) all kindergarten pupils should be screened each year
- 2) all first, second and third grade pupils should be screened each year
- 3) all new pupils and additional pupils referred to the speech clinician regardless of grade age should also be screened.
- 4) all pupils for whom re-screening was recommended the previous year

Speech and language clinicians should facilitate referral through in-service activity. The length of time required to screen pupils suspected of speech and or language disorders will be contingent upon a number of variables, i.e., number of clinicians employed by the district, geographical size of the district, distance between facilities, etc. These and other factors should be taken into consideration in planning a total speech screening program.

A system to facilitate rapid screening should be developed in order to complete evaluations and initiate therapy early in the school year. The screening process should be designed to identify pupils exhibiting speech and language disorders, regardless of the severity or classification. Pupils who fail the initial screening should be evaluated utilizing a minimal battery of tests, as specified in this document.

IV. HEARING HANDICAPPED

Hearing screening may be conducted by the school or public health nurse(s), speech and language clinician(s), teacher(s) of the hearing handicapped, volunteers or any combination of the above.

Within the first thirty (30) days of the school year, a master hearing screening schedule should be established. Generally, the school districts to be screened during the first and second semesters should be listed and this tentative schedule forwarded to the appropriate local school principal for his concurrence.

A registry of identified hearing handicapped pupils should be maintained by the school district and provision made for its periodic review. In order to assure appropriate program planning, individual limited-frequency screening should be administered to pupils of kindergarten through grade three and to all other high-risk children. Examples of high-risk children are those who, (a) failed a threshold test during the previous year, (b) have speech problems, language problems, or obvious difficulty in communication (speech clinicians are responsible for screening those pupils included on the therapy caseload), (c) are suspected of hearing impairment or have a medical problem associated with hearing impairment (children with recurrent chronic problems such as allergies may require audiometric monitoring). Further consideration should be made for, (a) repeat a grade, (b) require special education program, (c) are new to the school system, (d) were absent during a previously scheduled screening exam.

Test frequencies shall be 1000 Hz, 2000 Hz, and 4000 Hz. Screening levels should be 20 dbHTL (re. ANSI, 1969) at 1000 Hz and 2000 Hz and 25 dbHTL at 4000 Hz. It is acceptable to screen at 20 dbHTL at all three frequencies, but if 4000 Hz is not heard, output should be increased to 25 dbHTL. Failure to respond at the recommended screening levels at any frequency in either ear shall constitute failure.

All failures should be screened within the same session in which they failed, but in no case should more than one week elapse before the child is rescreened. Removing and repositioning the headsets, accompanied by careful reinstruction, may markedly reduce the number of failures.

Failure on rescreening should be performed by pure-tone threshold testing at 1000 Hz, 2000 Hz, 4000 Hz. The frequencies of 500 Hz, 6000 Hz, and 8000 Hz may be included at the discretion of the evaluator. The threshold testing should be conducted by a speech and language clinician, or school nurse who has been trained in threshold testing by the Department of Health and Environmental Control or by the Department of Education.

The results of the pure-tone threshold testing should be examined and interpreted by an individual specifically trained in audiological evaluation. This may be a speech and language clinician, teacher of the hearing handicapped, or school nurse, contingent upon the personnel employed within the district. The respective professional must make judgments regarding appropriate referrals.

V. VISUALLY HANDICAPPED

Detection of a visual handicap may often be achieved through observation. The following checklist should be utilized by the regular classroom teacher or other appropriate school personnel.

A. Appearance of the eyes

1. Swollen or red-rimmed eyelids
2. Crusts near the lashes
3. Frequent sties
4. Unusual discharge from the eyes or along the lids
5. Eyes appear to wander when child tries to focus
6. Pupils of the eyes are of different sizes
7. Eyes that involuntarily move constantly
8. Drooping eyelids

B. Visual Behavior

1. Complaints of aches or pains in the eyes, excessive headaches, dizziness or nausea after close eye work
2. Squinting, blinking, frowning, facial distortions, constant rubbing of the eyes or attempting to brush away a blur, tilting of the head when seeing, closing or covering one eye when looking or reading
3. Undue sensitivity to light
4. Holds reading material too close or too far away, frequently changes the distance of reading material from near to far
5. Head thrust forward or body tense when viewing distant objects
6. Inattentiveness during reading, cannot read for long periods without tiring, reads more poorly as time span increases
7. Tendencies toward reversals of letters and words or confusion of letters and numbers with similar shapes
8. Constant loss of place in a sentence or on a page
9. Poor spacing in writing

The following procedure will result in an effective vision screening process:

1. Obtain a brief history of each child's home, play and school activities, his habits, illnesses and complaints. This information may be available, in part, from the school health record, but should be updated by interviews with parents and/or teachers.

A family history may indicate a potential for visual handicaps, for example, familial or hereditary eye disease, prenatal maternal disease, prematurity, or injury to an eye by illness or accident. Children with these histories must be given full screening services.

2. Tests for (a) visual acuity, both near and far point, and binocular vision, (b) physical appearance of eyes (red-rimmed eyelids, etc.) (c) muscle imbalance (eyes turn in or out, etc.)
3. A child who fails the initial screening must be rescreened. It is desirable for a different person to rescreen on a different day.
4. Those failing the rescreening should be referred to an optometrist or ophthalmologist.
5. Each child should also be screened for color vision. The color vision test should be administered by the end of the fourth grade.

Grades K, 1, 3, 5, 9 and 11 must be screened with appropriate recheck, referral and follow-up. Adequate records of screening results are necessary in order to effect a successful and efficient screening and follow-up program.

A list suggesting stereoscopic and other instruments for screening various components of vision may be found in the test reference section of this document.

VI. LEARNING DISABILITIES

The regular classroom teacher should complete an objective checklist noting the candidate's frequency of some of the following characteristics, in particular (e.g., The Pupil Rating Scale for Learning Disabilities):

- 1) Hyperactivity
- 2) Hypoactivity
- 3) Perseveration
- 4) Lack of coordination
- 5) Emotional instability
- 6) Impulsivity
- 7) Perceptual difficulties
- 8) Motor imbalance
- 9) Language

Screening for learning disabled pupils should be conducted by the regular classroom teacher, or other appropriate school personnel. This procedure should include an individually administered intelligence test and/or an achievement test. The procedure of choice would include a nondefinitive individually administered intelligence/achievement test such as the Slosson Intelligence Test or the Wide Range Achievement Test. Prior to referral, information gleaned from this test(s) should support the observations indicated above.

The procedure may include the completion of district referral forms. The referral form allows the person referring the pupil the opportunity to describe the degree to which the candidate possesses certain characteristics of the suspected learning disabled child. The pupil is referred to the appropriate person for definitive evaluation.

VII. EMOTIONALLY HANDICAPPED

Screening for emotionally handicapped pupils may be conducted by the regular classroom teacher(s), guidance counselor(s), or other appropriate school personnel.

The procedure should include a district developed, or standardized* behavioral observation form available to all teachers and other professional school personnel, e.g., Part 2 of the AAMD Adaptive Behavior Scale. Typical behaviors to be included on the observation form are:

- 1) Short attention span
- 2) Restlessness
- 3) Does not complete tasks
- 4) Listening difficulties
- 5) Avoids participation with other children or knows how to play only by hurting others
- 6) Avoids adults
- 7) Repetitive behavior

- 8) Ritualistic or unusual behavior
- 9) Resistant to direction
- 10) Unusual language content — strange, fearful, fantasy
- 11) Speech problems — primarily rate of speech
- 12) Physical complaints
- 13) Echolalia — Echoes other's speech
- 14) Self-aggressive/self-derogatory to excess
- 15) Withdrawn
- 16) Anxious — needs constant reassurance
- 17) Aggression toward objects and groups
- 18) Aggression toward authority

The procedure may also include the completion of distinct referral forms. The referral form allows the person referring the pupil the opportunity to describe the degree to which the candidate possesses certain characteristics of the suspected emotionally handicapped child. The pupil is referred to the appropriate person for definitive evaluation.

VIII: ORTHOPEDICALLY HANDICAPPED

The pupils with motor handicaps and concomitant handicapping conditions are often easily recognizable. For this reason, screening can be accomplished through observation by a regular classroom teacher with special emphasis accorded to the following areas:

- 1) Gross motor abilities
- 2) Fine motor abilities
- 3) Weakened physical condition in addition to awareness of the handicaps caused by cerebral palsy, muscular dystrophy, etc.

Perhaps the most effective method of screening pupils who may be potential candidates for programs for the orthopedically handicapped is the utilization of the expertise of the regular classroom teacher. Teacher observation should include:

- 1) Developmental history as related by the parent during conferences or home visits
- 2) Teacher observation, documentation of pupil behaviors. In order to preclude inappropriate judgments that may be potentially damaging to a child, the teacher should be cautioned to document the observation relative to the child's performance capabilities. Commercially prepared or teacher developed instruments may be utilized for this purpose.

Specific behaviors to observe may include:

A. Gross motor abilities (general)

1. What does the child do? Is he physically active?
2. Does he run, jump?
3. Does he climb?
4. Does he participate in music/physical education activities?

If the teacher notes any deficit in any of the above areas, a closer evaluation of the following behaviors is necessary.

- 1) Has a basic change in his gait occurred?
- 2) Does he limp unnecessarily?
- 3) Is he unable to seat himself at his desk?
- 4) Does he fall frequently?
- 5) Is he unable to rise after falling?

B. Fine motor abilities:

- 1) Is he able to manipulate a pencil, crayon, brush or eating utensils?
- 2) Does he drink from a cup, a straw?
- 3) Does he dress himself?
- 4) Is he able to manipulate pegs, puzzles, etc?
- 5) Does he draw and copy geometric figures?

C. General State of Health

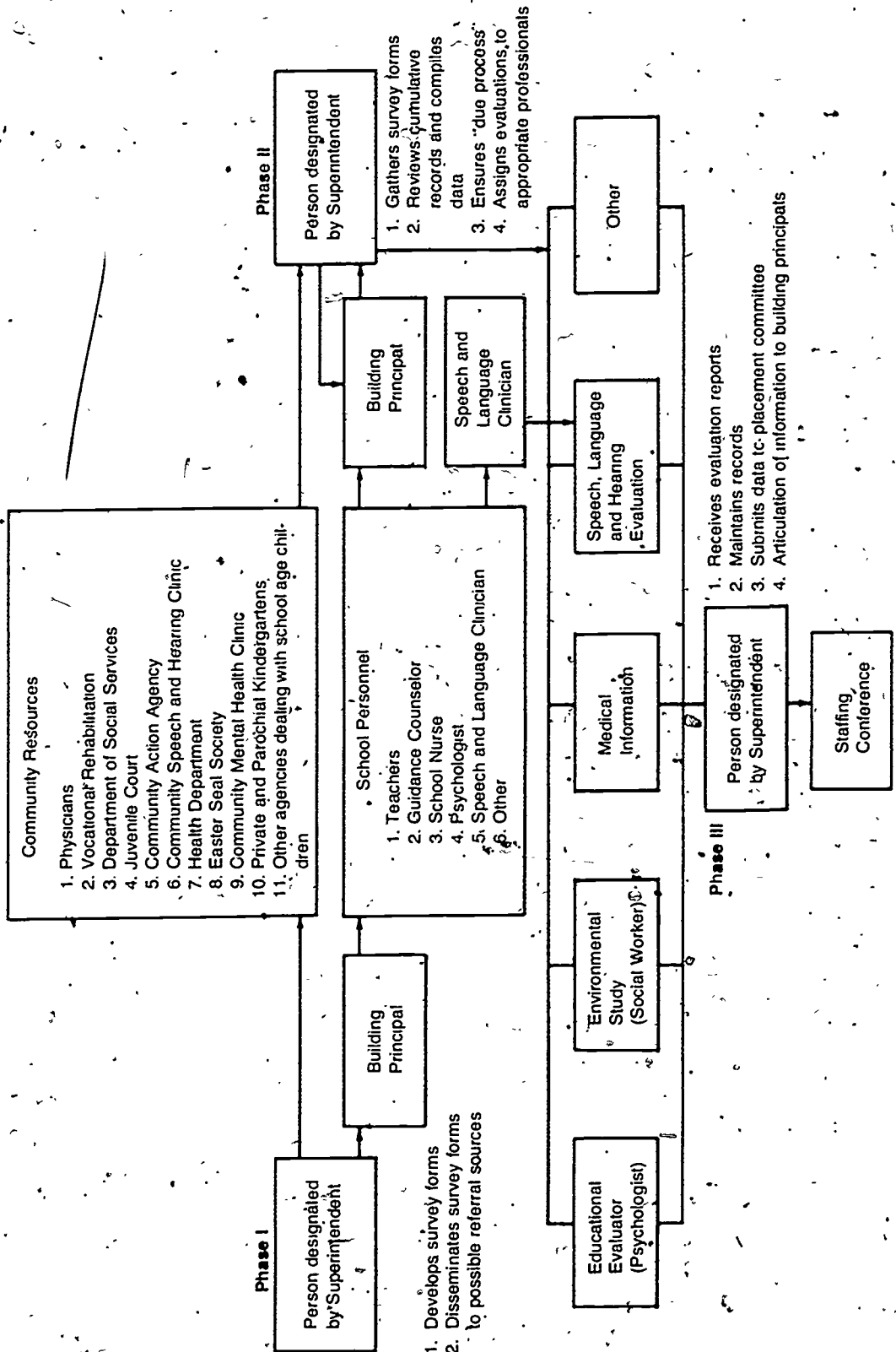
Although not concerned with diagnosis, the regular classroom teacher should be aware of fatigue, restlessness, tenseness, allergic symptoms, pallor, excessive thirst, appetite, and alert parents to these symptoms.

Screening is an ongoing process, however, when it is apparent that intervention is necessary, then the classroom teacher should refer the child to the appropriate district personnel responsible for special programs in order that definitive diagnosis may occur.

REFERRAL PROCEDURES

A standard referral system must be established in each school district. Referral may be made by parents, physicians, community agencies, school personnel, or as a result of the district's systematic screening procedures. Referrals should then be routed to the appropriate person or committee for further action. If the child is to be evaluated, "Procedural Due Process" procedures must be honored.

A MODEL SURVEY/PUPIL EVALUATION SYSTEM



EDUCABLE MENTALLY HANDICAPPED

I. Definition

Educable mentally handicapped pupils means pupils of legal school age whose intellectual limitations require special classes or specialized educational instruction to make them economically useful and socially adjusted (Article 4.1, Section 21-295, South Carolina Code of Laws, as amended, 1972).

II. Identification

A. Criteria for Participation/Enrollment

In order to participate in the program, candidates must meet all the following criteria.

1. Pupils must be of legal school age
2. Pupils shall have vision, speech, and hearing screening
3. Biographical, environmental and behavioral data shall be obtained by appropriate school personnel (counselor, teacher, nurse, etc.). This data should include, but not be limited to:
 - a. a health and developmental history
 - b. an educational history reviewing previous records, school work habits and specific learning strengths and weaknesses.
4. A minimal test battery consisting of at least three (3) different instruments shall be administered (full scale) by a State Department of Education certificated educational evaluator or certificated psychologist. This battery shall include one (1) intellectual measure selected from the following:
 - WISC
 - WAIS
 - WISC-R
 - Stanford-Binet-Form LMand at least two (2) supplemental measures of the observed psychological dysfunction, with the following exceptions:
 - a. If a candidate manifests minor auditory and/or visual impairment (to such a degree that it is not thought to be the primary handicapping condition), then supplemental testing instrumentation should be selected from those measures commonly used with the visually and hearing impaired. It is suggested that in addition to the Wechsler or Binet, the test battery for the mentally handicapped individual who has minor hearing impairments should include:
 1. Wechsler (Performance section, to supplement the Binet full scale) or
 2. Hiskey-Nebraska Test of Learning Aptitude or
 3. Leiter International Performance Scale
 - b. For the mentally handicapped person who has minor visual impairments, the verbal portion of the Wechsler or McCarthy may be used as an appropriate follow-up to the Binet. In addition, at least one (1) supplemental measure should be administered.

For the mentally handicapped individual, a measure of Adaptive Behavior is required. The selection of the two appropriate required supplemental measures (i.e., Adaptive Behavior and one other) should include consideration of the following tests:

Goodenough or Goodenough-Harris Drawing Test
Peabody Picture Vocabulary Test
Bender-Gestalt
Illinois Test of Psycholinguistic Abilities
Benton Visual Retention Test
Raven Progressive Matrices
Kinetic Family Drawings

- House-Tree-Person
- Sentence Completion
- Frostig Test of Visual Perception
- Vineland Social Maturity Scale
- AAMD Adaptive Behavior Scale (Public School Version)
- Columbia Mental Maturity Scale
- Leiter International Performance Scale
- McCarthy Scales of Children's Abilities
- Cain-Lewine Social-Competency Scale
- Arthur Point Scale or Performance Tests, Revised Form II
- Adaptive Behavior Checklist

In order to qualify for enrollment in a program for the educably mentally handicapped, test results and supplemental data must yield consistent findings relative to the following:

- i. An IQ in the range of 50-70 \pm standard error of measurement for the particular test administered. Pupil should show evidence of an intellectual ability of approximately $\frac{1}{2}$ to $\frac{3}{4}$ that of an average child of comparable chronological age.
- ii. Consistent subnormal intertest performance in all areas evaluated.
- iii. Biographical, environmental, and behavioral data which support the hypothesis that the educational handicap is not a result of behavioral disorders, cultural, or educational deprivation.
- c. At least one (1) standardized academic achievement evaluation at the appropriate age levels shall be administered to assess academic areas and general achievement. Selection may include, but not be limited to, the following and shall be administered by a State Department of Education certificated psychologist or certificated educational evaluator, guidance counselor or teachers:

- Wide Range Achievement Test
- Peabody Individual Achievement Test
- California Achievement Test
- Iowa Test of Basic Skills
- Stanford Achievement Test
- Stanford Achievement Test (Normed for hearing impaired)
- Stanford Achievement Test (Normed for visually impaired)
- Metropolitan Achievement Test (Normed for visually impaired)
- California Test of Basic Skills

B. Requirements for Re-Evaluation

1. Reassessment:

An annual review shall be made by the special class teacher. This review shall include, but not be limited to, the following:

- a. Record of pupil's progress through the educational objectives outlined for the pupil
- b. Recommendation for educational objectives for the following academic year
- c. Summary of the most recent parent/teacher conference
- d. Speech reports, social history, and new information

Should the annual assessment indicate a need for re-evaluation, the teacher may recommend that the pupil receive a complete re-evaluation.

2. Re-evaluation

Children participating in EMH programs for the very mildly EMH shall be re-evaluated every three years. Children participating in EMH programs whose initial evaluation indicated that they were functioning only slightly above trainable shall be re-evaluated every two years. This re-evaluation shall be identical to that required in Section II-A, 4 and shall be administered by the State Department of Education certificated educational

evaluator or psychologist. The intent is that EMH children participating in self-contained programs shall be re-evaluated every two years and EMH children who are mainstreamed every three years. If there is sufficient progress or regression to warrant a re-evaluation prior to the two or three year requirement, provision shall be made for re-evaluation.

Dismissal may occur in the following:

1. The pupil exceeds the legal school age, transfers, or withdraws from the public school program.
2. The parent/surrogate, legal guardian, or the majority-age pupil submits a written request that services be terminated (consistent with "Procedural Due Process").
3. The pupil, teacher, and the staffing committee conclude that the goals and objectives which have been clearly stated have been achieved and the pupil can function adequately in the regular classroom setting.

The superintendent or his designee must verify by signature any changes in placement and or dismissal of pupils.

D. Program Model (Recommended)

The following program models and subsequent assessment batteries are recommended to assist in determining the most efficacious program model for an orthopedically handicapped pupil:

Itinerant

An educable mentally handicapped pupil may qualify for an itinerant program when the degree of mental retardation is in the upper scores of the 50-70 range, he exhibits social and behavioral characteristics indicating that he can function in the regular classroom for the majority of time, and he requires a minimum of specialized instruction.

Resource Room Model

Educable mentally handicapped pupils may qualify for resource room models when they measure intellectual functioning in the upper scores of the 50-70 range on the individual battery of tests administered by the psychologist. The pupil must exhibit characteristics socially and behaviorally that he will be able to function in a regular class.

Self-Contained

Educable mentally handicapped pupils may qualify for a self-contained class when their intellectual functioning is in the lower scores of the 50-70 range and they exhibit social and behavioral characteristics to the extent that they require a more structured academic environment.

III. Placement

No child shall be placed in programs for educable mentally handicapped until the following process has been completed:

- A. The child has been staffed by the district's staffing committee. The staffing committee shall include, but not be limited to the following:
 - a. psychologist
 - b. person obtaining child's social history
 - c. a person presenting the child's medical records
 - d. a member of the district's administrative staff
- B. Additional persons may include the person initiating the referral, the special teacher who may receive the pupil, guidance counselors, or others who may be able to offer pertinent information relative to the child. The child's parent/surrogate *must* be invited to the staffing conference. Final responsibility for determining the child's eligibility for participation in the district's program for handicapped children shall be either the district superintendent, or his *specific* designee.
- C. Prior to final placement, individually sequenced instructional objectives must be developed for each pupil and kept on file by the special teacher receiving the child.

IV. Record Keeping

- A. Complete diagnostic information, including evidence that Procedural Due Process has been fully accorded the child, shall be housed in the central depository whose site shall be determined by the district superintendent.
- B. The principal or teacher in a facility where special instructional programs are provided shall maintain a completed placement form for each handicapped child enrolled in any special program in that school. (See attached placement form — note this is categorical)
- C. Each teacher clinician providing special education instruction shall maintain specific instructional objectives for each pupil he serves. These objectives must be updated at least twice each academic year.

PLACEMENT FORM

EDUCABLE MENTALLY HANDICAPPED

Name _____
Last First Middle

Age _____ Grade _____ Birthdate _____

1. Vision Screening _____ Date _____
(Within normal limits)

2. Hearing Screening _____ Date _____
(Within normal limits)

3. Speech Screening _____ Date _____
 Results and Recommendations _____

4. No evidence of primary physical handicap _____

5. No evidence of primary emotional disturbance _____

6. Current test battery results.

a. Intelligence Test _____
 Date Administered _____ Score _____
 Administered by _____ Circle level EE, Psy. I, II, III

b. Test of Psychological Functioning _____
 Date Administered _____ Score _____
 Administered by _____ Circle level EE, Psy. I, II, III

c. Test of Psychological Functioning _____
 Date Administered _____ Score _____
 Administered by _____ Circle level EE, Psy. I, II, III

d. Achievement Tests
 Name _____ Date _____
 Administered by _____
 Results _____

Name _____ Date _____
 Administered by _____
 Results _____

7. Date candidate must be re-evaluated _____

8. Has "Procedural Due Process" been honored? _____

9. Diagnostic, evaluation, educational and environmental data have been reviewed by a staffing committee which recommends that the student is eligible for placement in a _____ special program.
(Specify Model)

10. I certify that _____ (Name) has met all criteria for participation in an educable mentally handicapped program.

Signature _____
Person placing child in special program

Date of Placement _____

TRAINABLE MENTALLY HANDICAPPED

I. Definition

Trainable mentally handicapped pupils means pupils of legal school age whose mental capacity is below that of those considered educable, yet who may profit by a special type of training to the extent that they may become more nearly self-sufficient and less burdensome to others. (Article 4.1, Section 21-295, South Carolina Code of Laws, as amended, 1972)

II. Identification

A. Criteria for Participation/Enrollment

In order to participate in the program, candidates must meet all of the following criteria:

1. Pupils must be of legal school age
2. Pupils shall have vision, speech, and hearing screening
3. Biographical, environmental and behavioral data shall be obtained by appropriate school personnel (counselor, teacher, nurse, etc.) This data should include, but not be limited to:
 - a. a health and developmental history
 - b. an educational history reviewing previous records, school work habits and specific learning strengths and weaknesses.
4. A minimal test battery of three (3) instruments shall be administered (full scale) by a State Department of Education certificated educational evaluator or certificated psychologist.
 - a. The battery must include an intelligence measure as gleaned from the administration of the Stanford-Binnet, Form LM.
 - b. And one (1) supplemental measure selected from the following:
 - Columbia Mental Maturity Scale
 - Leiter International Performance Scale
 - Bender-Gestalt
 - Benton Visual Retention Test
 - Goodenough or Goodenough-Harris Drawing Test
 - Peabody Picture Vocabulary Test
 - Wechsler Scales (examiner selected items)
 - Arthur Point Scale of Performance Tests, Revised Form II
 - c. In addition, one (1) adaptive behavior scale shall be administered. Selection may be made from the following.
 - Vineland Social Maturity Scale
 - TMR Performance Scale
 - AAMD Adaptive Behavior Scale (Public School Version)
 - Cain-Levine Social Competency Scale
 - AAMD Adaptive Behavior Scale (institutional version)
 - Adaptive Behavior Checklist

In order to qualify for enrollment in a program for the trainable-mentally handicapped, test results and supplemental data must yield consistent findings relative to the following:

- i. An IQ range of $25-50 \pm$ standard error of measurement. Candidate should show evidence of an intellectual ability of approximately $\frac{1}{3}$ to $\frac{1}{2}$ that of an average child of comparable chronological age.
- ii. Consistent subnormal intertest performance in all areas evaluated.

- iii Biographical, environmental, and behavioral data which support the hypothesis that the educational handicap is not a result of behavioral disorders, cultural, or educational deprivation.
- iv Assessment of adaptive behavior should indicate a potential for the development of self-help skills to allow for minimal supervision in daily living. In addition, the following criteria should be carefully considered by the staffing committee prior to their recommendation. A brief documentation of the reasons for the positive, negative decisions should be included in the placement record.

Candidate should:

1. Be ambulatory to the extent that he is no undue risk to himself or others.
2. Be able to communicate to the degree that he makes simple needs known.

B. Requirements for Re-evaluation

1. Reassessment

An annual review should be made by the special class teacher. This review shall include, but not be limited to, the following:

- a. level of progress as related to the individual objectives outlined for the pupil
- b. summary of most recent parent/teacher conference
- c. recommendation for educational objectives for following year
- d. speech reports, social history, and new information

Should the annual assessment indicate a need for re-evaluation, the teacher may recommend that the pupil receive a complete re-evaluation. Very careful consideration shall be given to the pupil scoring in the upper scores of the 25-50 \pm range for possible misdiagnosis.

2. Re-evaluation

A complete re-evaluation shall be identical to that required in Section II-A, 4 and shall be administered by the State Department of Education certificated educational evaluator or State Department of Education certificated psychologist every two years on pupils with scores in the upper range of the 25-50 range.

A complete re-evaluation shall be identical to that required in Section II-A, 4 and shall be administered by the State Department of Education certificated educational evaluator or certificated psychologist every three years on pupils with scores in the lower ranges of the 25-50 range.

If there is sufficient progress or regression to warrant a re-evaluation prior to the two/three year requirement, provision shall be made for a re-evaluation.

C. Criteria for Dismissal

Dismissal may occur in the following:

1. The pupil exceeds legal school age, transfers, or withdraws from the public school program.
2. The parent/surrogate or legal guardian submits a written request that services be terminated (consistent with "Procedural Due Process").
3. The educational program provided by the public school is inappropriate and pupil is placed in a residential program.
4. Intellectual and academic progress is such that a change in placement is necessary or there is evidence of misdiagnosis.

D. Program Model

The self-contained model is the only legal model appropriate for instruction to the trainable mentally handicapped pupil due to the severity of the handicap.

III. Placement

No child shall be placed in programs for trainable mentally handicapped until the following process has been completed:

- A. The child has been staffed by the district's staffing committee. The staffing committee shall include, but not be limited to, the following:
 - a. psychologist
 - b. person obtaining child's social history
 - c. a person presenting the child's medical records
 - d. a member of the district's administrative staff
- B. Additional persons may include the person initiating the referral, the special teacher who may receive the pupil, guidance counselors, or others who may be able to offer pertinent information relative to the child. The child's parent surrogate *must* be invited to the staffing conference. Final responsibility for determining the child's eligibility for participation in the district's program for handicapped children shall be either the district superintendent, or his specific designee.
- C. Prior to final placement, individually sequenced instructional objectives must be developed for each pupil and kept on file by the special teacher receiving the child.

IV. Record Keeping

- A. Complete diagnostic information, including evidence that "Procedural Due Process" has been fully accorded the child, shall be housed in one central depository whose site shall be determined by the district superintendent.
- B. The principal of each facility where special instructional programs are provided shall maintain a completed placement form for each handicapped child enrolled in any special program in that school (see attached Placement Form — note these are categorical).
- C. Each teacher/clinician providing special education instruction shall maintain specific instructional objectives for each pupil he serves. These objectives must be updated at least twice each academic year.

PLACEMENT FORM

TRAINABLE MENTALLY HANDICAPPED

Name _____
Last First Middle

Age _____ Grade _____ Birthdate _____

1. Vision Screening _____ Date _____
(Within normal limits)

2. Hearing Screening _____ Date _____
(Within normal limits)

3. Speech Screening _____ Date _____
Results and recommendations _____

4. Current test battery results:

a. Intelligence test _____
Date Administered _____ Score _____
Administered by _____ Circle level EE, Psy. I, II, III

b. Perceptual-learning test _____
Date Administered _____ Score _____
Administered by _____ Circle level EE, Psy. I, II, III

c. Adaptive-behavior Scale _____
Date Administered _____ Score _____
Administered by _____ Circle level EE, Psy. I, II, III

5. Date Candidate must be re-evaluated _____

6. Has "Procedural Due Process" been honored? _____

7. Diagnostic, evaluation, educational, and environmental data have been reviewed by a staffing committee which recommends that student is eligible for placement in a self-contained special program

8. I certify that _____ has met all criteria for participation in a trainable
(Name)
mentally handicapped program.

Signature _____
Person placing child in special program

Date of Placement _____

SPEECH AND LANGUAGE HANDICAPPED

I. Definition

Speech and language handicaps are those disorders which tend to interfere with or limit, to varying degrees, the individual's ability to formulate, express, receive or interpret oral language. Speech and language handicaps may be manifested in degrees of mild, moderate or severe and be exhibited as disorders of articulation, voice, rhythm, language, delayed speech and language, and speech language disorders associated with cleft palate, cerebral palsy conditions, or hearing loss. Speech and language behavior, associated with dialectal differences, may indicate a need for the availability of appropriate services, optional for pupil participation.

II. Identification

A. Criteria for Participation/Enrollment

1. In order to participate in a program for speech language handicapped, all pupils of legal school age who fail an initial screening for speech and or language shall receive a comprehensive assessment by a qualified speech and language clinician utilizing tests, instrumentation and tools appropriate to the nature of the suspected problem. The speech and language clinician functions under the supervision of the superintendent or his designee, and is responsible for the delivery of quality services, remediation for speech and language handicapped pupils. The speech and language clinician is responsible for reviewing relevant records, making observations of the pupil's speech and or language behavior in various settings, obtaining information from other sources (parents, school personnel, agencies, etc.), and employing reliable screening, diagnostic and assessment procedures for identifying speech and or language handicapped pupils. Normally, the length of time required for completing the assessment shall be determined by the speech and language clinician, dependent on the nature and severity of the pupil's problem. Recommendations for programs, services for speech, language handicapped pupils shall be based upon the clinical judgment of the speech and language clinician as indicated by the results of a comprehensive assessment following failure of the initial screening. The comprehensive assessment provided by the speech and language clinician shall appropriately include the following.
 - a. audiometric screening assessment when current test results are not available
 - b. an examination of the structure and function of the oral peripheral mechanism
 - c. a measure of speech production (articulation, voice and rhythm) utilizing standardized instruments or appropriate procedures
 - d. a measure of language proficiency utilizing procedures and standardized instruments for assessing language development and performance
 - e. supplementary informal checklists or non-standardized tests may be used in addition to formal instruments, as appropriate.

Written referrals with supportive justification shall be made by the speech and language clinician to other appropriate specialists when clinical judgments indicate the existence of previously unidentified concomitant handicapping conditions or the need for further information related to the speech and/or language handicaps.

B. Types of Services.

1. Each pupil shall be accorded Procedural Due Process prior to enrollment in individual or small group therapy. The speech and language clinician shall be responsible for determining the type of program, the extent of services to be provided and the length and frequency of direct, indirect contacts with the pupil. The speech and language clinician, upon the advice and consent of the superintendent or his designee, shall determine the appropriate method of scheduling (itinerant, intensive cycling). The continuum of appropriate services shall include, but not be limited to, the following:
 - a. consultation with parents, teachers, or pupils
 - b. indirect pupil involvement through assistance to teachers and/or parents
 - c. Speech Improvement, Language Development classes (designed to serve large groups)
 - d. weekly therapy sessions in small groups (should include 3 or more sessions per week and not exceed 4 pupils)
 - e. weekly individual therapy sessions (in most cases 2, 3 or more sessions per week)
 - f. daily group therapy sessions (should not exceed 4 pupils)
 - g. daily individual therapy sessions.

C. Program Model

The most frequently used program model for speech and or language handicapped pupils is the itinerant model. however, other models similar to the itinerant model, such as single building based clinician, may be used.

D. Requirements for Re-evaluation

The nature and extent of re-evaluation shall be determined by the speech and language clinician based on clinical judgments specific to the needs of each pupil. Re-evaluation may be accomplished by utilizing screening procedures, or administering the full battery of tests prescribed in Section II, Part A, or specific components thereof. A re-evaluation shall be conducted on a yearly basis prior to initiating therapy and at any time during the therapy program, depending on the progress of the pupil. A pupil dismissed from the speech language program as having reached his level of optimal proficiency shall be re-evaluated within 12 months to 18 months after dismissal in order to determine whether or not the pupil has maintained that level of proficiency or requires additional services.

E. Criteria for Dismissal

Dismissal from the speech and or language program shall occur as a result of the following.

1. A pupil exceeds legal school age, transfers or withdraws from the public school program.
2. A parent surrogate, legal guardian, or the pupil, if over the age of majority, submits a written request for termination of speech and or language services (consistent with "Procedural Due Process")
3. A pupil, over an extended period of time (one year), demonstrates a significant motivational problem characterized by frequent absences, inattention and unresponsiveness during therapy sessions, and failure to complete assignments, etc. Documentation must be provided by the speech and language clinician to indicate that progress in remediation is minimal due to these factors. In those instances when concurrence for dismissal (for reasons indicated above) cannot be obtained, the superintendent or his designee shall make the decision.
4. A pupil attains an optimal level of proficiency in speech and or language skills commensurate with his intellectual potential or physical limitations.
5. A pupil accomplishes the specific goals and objectives established initially and during the program, and is habilitated as indicated by a re-evaluation, thereby, no longer requiring the services of a speech and language clinician.

III. Placement

A. Pupils exhibiting the following disorders and characteristics thereof, as determined by the speech and language clinician, shall be appropriate candidates for the speech and or language program on an individual or small group basis depending on the severity of the disorder.

1. *Voice Disorder*—abnormality in pitch, loudness, and quality, or a combination thereof, resulting from pathological conditions (deviations in size, shape, tonicity, surface conditions, and muscular control of the phonating and resonating mechanisms), psychogenic factors or inappropriate use of the vocal mechanism. Characteristics of voice production related only to cultural differences are not appropriately classified as voice disorders.
2. *Disorder of Rhythm/Fluency*—abnormal disruptions in the normal flow of verbal expression that are markedly noticeable and are not readily controllable by the pupil.
3. *Articulation Disorder*—substitution of one phoneme for another, distortion of phonemes, and omissions or additions of phonemes.
4. *Language Disorder*—an impairment in the ability to decode or encode spoken or written language, which may involve phonology, morphology, syntax, semantics or a combination thereof.
5. *Delayed Speech and Language*—impaired communication skills, characteristically depressed at least one year developmentally, which include deficiencies of both speech and language. This speech and language behavior may occur concomitantly with conditions such as mental retardation, hearing loss, brain injuries, emotional disturbance or lack of experiential stimulation.

6. *Cleft Palate Speech*—speech which is characteristically exhibited as voice and/or articulatory disorders due to a cleft of the lip, hard palate, soft palate or any combination thereof.
7. *Cerebral Palsy Speech*—speech which is related to a cerebral palsy condition and is characteristically exhibited through disorders of voice, rhythm, articulation, or a combination thereof.

B. The following categories of pupils as determined by the speech and language clinician shall be appropriate candidates for speech and language improvement classes:

1. Pupils whose speech and/or language patterns deviate from that of standard English and are characteristic of dialectal differences. Standard English is the most commonly accepted form of communication, however, in order for pupils to retain their cultural heritage implied by the presence of dialectal differences, it is recommended that the approach be one of teaching standard English as a second language. Pupil participation in these programs shall be based upon parental consent or consent of the pupil, if over the age of majority.
2. Pupils in public school kindergarten programs and grades one through three, to insure the development and maintenance of maximum communication competence for all pupils.

IV Record Keeping

- A Complete diagnostic information, including evidence that Procedural Due Process has been fully accorded the pupil, shall be housed in a central depository whose site shall be determined by the district superintendent.
- B The principal of each facility where special instructional programs are provided shall maintain a completed placement form for each handicapped pupil enrolled in any special program in that school. (See attached Placement Form — note these are categorical)
- C Each teacher/clinician providing special education instruction shall maintain specific instructional objectives for each pupil he serves. These objectives must be updated at least twice each academic year.

PARTICIPATION FORM

SPEECH/LANGUAGE HANDICAPPED

Name _____ Birthdate _____

Grade _____ Age _____

Nature of Problem _____

1. Screening

Date _____ Screening Conducted by _____

2. Assessment

Date _____ Person Administering Tests _____

Tests administered _____

3. Recommended Program (indicate date)

SI/LD _____

Group Therapy _____

Individual Therapy _____

4. Re-assessment

Date _____ Tests Administered by _____

Tests administered _____

5. Has "Procedural Due Process" been followed? _____

6. I certify that _____

Name

has met all criteria for participation in a program for speech/language handicapped.

Signature _____

Person placing child in speech/language program

HEARING HANDICAPPED

I. Definition

Hearing handicapped pupils means pupils of age four or older who are certified by a licensed specialist that their hearing deficit requires special classes or specialized education instruction suited to their needs (Article 4.1, Section 21-295 of the South Carolina Code of Laws, as amended, 1972).

The degree of hearing loss may range from mild to profound. The degree of loss in acuity may not be a reliable indicator of the degree to which the individual is handicapped. An individual with a mild to moderate hearing loss (in acuity for loudness) may exhibit learning patterns more characteristic of severely handicapped individuals due to a loss in perception (understanding of what is heard).

II. Identification

In order to participate in the program, candidates must meet Criteria A, 1-5 below:

A. Criteria for Participation/Enrollment

1. Pupils demonstrating a hearing loss, subsequent to threshold testing, shall undergo comprehensive audiological assessment by an audiologist, or otological assessment by an otologist or otolaryngologist, as appropriate.
2. Pupils referred for a comprehensive audiological evaluation by an audiologist, shall receive pure tone air and bone conduction threshold testing, speech reception and speech discrimination testing, and other appropriate tests as are deemed necessary. Pupils provided with amplification through the use of a hearing aid, or when recommendations for amplification through the use of a hearing aid are made, a hearing evaluation should be performed by the audiologist. Financial arrangements for such services are available through the Department of Health and Environmental Control's Division of Crippled Children, or through the State Department of Education's Regional Resource Center.
3. There must be written documentation that an assessment has been conducted by a licensed specialist (meaning an audiologist, otologist or otolaryngologist) with specific medical and audiological recommendations, as appropriate.
4. A screening of speech, language and vision must be completed by qualified personnel prior to enrollment of hearing handicapped children in a special class.
5. A psychological evaluation must be administered when concomitant handicapping conditions are suspected. Intellectual assessments for hearing impaired pupils shall be administered individually by a psychologist/educational evaluator certificated by the South Carolina Department of Education. At least one evaluative instrument shall be selected from the following standardized tests for hearing impaired individuals.
 - a. Hiskey Nebraska Test of Learning Aptitudes
 - b. Grace Arthur Point Scale Performance Test
 - c. Leiter International Performance Scale. (Arthur Adaptation)

Supporting information may be obtained from portions of the following tests:

- a. Wechsler Intelligence Scale for Children (Performance Scale)
 - b. Wechsler Preschool and Primary Scale of Intelligence (Performance Subtests)
 - c. Visual-Motor Skills Test (from Stanford-Binet)
 - d. Goodenough Draw-a-Man Test
 - e. California Test of Mental Maturity
 - f. Columbia Mental Maturity Scale
 - g. Raven's Progressive Matrices
 - h. others deemed appropriate by the examiner.
6. Achievement in academic areas, at appropriate age levels, should be assessed by qualified personnel. Appropriate instruments may include, but not be limited to, the following:

- a. Stanford Achievement Test (normed for hearing impaired)
 - b. Metropolitan Reading Test (normed for deaf)
 - c. Wide Range Achievement Test
 - d. Peabody Individual Achievement Test (PIAT)
 - e. Iowa Test of Basic Skills
 - f. California Achievement Test
 - g. Science Research Associates Achievement Series.
7. Tests of social and adaptive behavior should be administered by qualified personnel and may not be limited to the following:
- a. Vineland Social Maturity Scale
 - b. Caine-Levine Social Competency Scale.
8. Other assessments may be provided as deemed appropriate by the evaluation team.

B. Requirements for Re-evaluation

Audiological re-assessment should be provided within the time frame indicated in the audiological or medical report. A comprehensive audiological assessment must be provided at least every two years. The audiological assessment shall include pure tone air and bone conduction thresholds, speech reception and speech discrimination testing, and other special tests as deemed necessary by the audiologist.

Individual program planning and evaluation of progress in other than self-contained programs should be coordinated with regular classroom teachers and other support personnel providing services to hearing impaired pupils.

C. Criteria for Dismissal.

Dismissal from programs for the hearing handicapped may occur as a result of any one of the following.

1. The pupil exceeds the legal school age, transfers, or withdraws from the public school program.
2. The parent/surrogate, legal guardian, or the majority-age pupil submits a written request that services be terminated (consistent with "Procedural Due Process").
3. The staffing committee concludes that the goals and objectives which have been clearly stated in terms of specific terminal behaviors have been achieved and that the pupil can function adequately in a regular classroom setting without additional supportive assistance. Changes in educational placement must be carefully and regularly monitored to assure the appropriateness of the educational program. Criteria should include.
 - a. ability to communicate effectively in the regular classroom as indicated by adaptive behavior
 - b. academic performance remains commensurate with grade level.
4. The staffing committee concludes that the placement in a special education program for a concomitant handicapping condition would be more appropriate to facilitate learning. Criteria should include.
 - a. defensible evidence that the hearing impairment is not the primary handicapping condition
 - b. defensible evidence that the pupil's learning problems associated with the hearing impairment have been ameliorated to the extent that the concomitant handicapping condition(s) becomes the primary handicap.

The staffing committee must recommend any changes in placement and/or dismissal of pupils and "Procedural Due Process" must be followed.

D. Program Models (Recommended)

1. Itinerant

Hearing impaired pupils shall attend regular classes and be educated with pupils who do not require special education programs or services when appropriate. A positive learning environment is facilitated by the provision of special aids and support services, when appropriate, rather than by special classroom placement. Activities

such as curriculum modification in the regular classroom, preferential seating arrangements, counseling with the school principal in the selection of appropriate classrooms and teaching techniques which are more beneficial for hearing impaired pupils should be considered.

Instructional programs for hearing handicapped pupils may be provided on an itinerant basis when a pupil does not require a more intensive program.

2. Resource Room Program

Hearing impaired pupils served in a resource room program may receive supplemental instructional programming and services which cannot reasonably be provided or administered in the regular instructional program. Consideration should be given to a self-contained program should the pupil require more than two hours daily in a resource room setting.

3. Self-contained Class

Classes for the hearing handicapped should be organized on the basis of academic achievement, age of pupils, degree of impairment (deaf and hard of hearing separated), intellectual ability, and method of communication.

For hearing impaired pupils, integration into other school activities is interpreted to mean participation in lunch, transportation, physical education, art, music and extracurricular activities with non-handicapped pupils. Pupils in preschool classes for the hearing impaired may be integrated, as appropriate, into activities with non-handicapped pupils enrolled in a pre-school program.

III. Placement

No child shall be placed in programs for hearing handicapped until the following process ~~has~~ been utilized:

1. The child has been staffed by the district's staffing committee. The staffing committee shall include, but not be limited to, the following:
 - a. psychologist
 - b. person obtaining child's social history
 - c. a person presenting the child's medical records
 - d. a member of the district's administrative staff.

Additional persons may include the person initiating the referral, the special teacher who may receive the pupil, guidance counselors, or others who may be able to offer pertinent information relative to the child. The child's parent/surrogate *must* be invited to the staffing conference. Final responsibility for determining the child's eligibility for participation in the district's program for handicapped children shall be by either the district superintendent, or his *specific* designee.

Prior to final placement, individually sequenced instructional objectives must be developed for each pupil and kept on file by the special teacher receiving the child.

IV. Record Keeping

- A. Complete diagnostic information, including evidence that "Procedural Due Process" has been fully accorded the child, shall be housed in a central depository whose site shall be determined by the district superintendent.
- B. The principal of each facility where special instructional programs are provided shall maintain a completed placement form for each handicapped child enrolled in any special program in that school. (See attached Placement Form — note these are categorical).
- C. Each teacher/clinician providing special education instruction shall maintain specific instructional objectives for each pupil he serves. These objectives must be updated at least twice each academic year.

PLACEMENT FORM

HEARING HANDICAPPED

Name _____ Birthdate _____ Age _____
Last First Middle

Grade _____

(1) Audiological (otological) Evaluation—date administered _____

Results and recommendations:

(2) Vision within normal limits—date of screening _____

(3) Speech and language screening—date administered _____

Results and recommendations:

(4) Intelligence score (if applicable)

test _____ score _____ date administered _____

administered by _____

(5) Achievement tests

test _____ score _____ date administered _____

(6) Has "Procedural Due Process" been honored? _____

(7) Date candidate must be re-evaluated _____

(8) Diagnostic, evaluation, educational and social data have been reviewed by a staffing committee which recommends that the student is eligible for a _____ special program.
specify model

(9) I certify that _____ has met all criteria for participation in a program for the hearing handicapped.
name

Signature _____
(Person placing pupil in special program)

Date of placement _____

ORTHOPEDICALLY HANDICAPPED

I. Definition

- A. Orthopedically handicapped pupils means pupils of legal school age who have an impairment which interferes with the normal functions of the bones, joints, or muscles to such an extent and degree as to require the school to provide special facilities and instructional programs.
- B. Physically handicapped pupils means pupils of sound mind and of legal school age who suffer from any disability making it impracticable or impossible for them to benefit from or participate in the normal classroom program of the public schools. (Article 4.1 of the 1972 South Carolina Code of Laws, as amended).

II. Identification

A. Criteria for Participation Enrollment

In order to participate, candidates must meet all of the following criteria:

- 1 The pupil must be of legal school age.
- 2 An appropriately licensed physician has certified in writing on the form Medical Report of Pupils Referred for Special Education Services for the Orthopedically Handicapped, that the pupil is indeed physically handicapped. In addition to the local physician, the following agencies may be contacted to provide medical evaluations without cost to the district:
 - a. Local health department
 - b. Department of Health and Environmental Control
 - c. Department of Social Services
 - d. Family Services Center
 - e. Muscular Dystrophy Association
3. Certain judgmental decisions based on observations by nurses and teachers of overt motor involvement shall be required for determining the necessity for placement. Observed physical involvement to such a degree that one or more of the following are required:
 - a. Modification of classroom facilities and/or equipment
 - b. Assistance of another person in the areas of self-help activities, i.e., dressing, feeding, biological functions
 - c. Assistance of another person on a one-to-one basis in classroom activities, i.e., handling and manipulating classroom objects, fine/gross motor activities.
 - d. Assistance in classroom activities due to weakened physical condition or necessity for relative inactivity.

Documentation of the determining judgmental factors by the classroom teacher, nurse, or other appropriate school personnel of the overt conditions observed shall be incorporated into the permanent pupil folder.

B. Requirements for Re-evaluation

Re-evaluation for orthopedically handicapped pupils shall be based upon need. "Need" shall mean 1) decision for dismissal from participation in the program or 2) a change in the child's program model, i.e., self-contained or other than self-contained program. Therefore, re-evaluations for orthopedically handicapped pupils are predicated on the needs indicated above rather than specific time frames. The teacher of the orthopedically handicapped child shall annually review and maintain records on the pupil's progress and specific recommendations will be made by the teacher to the program administrator relative to need for re-evaluation.

C. Criteria for Dismissal

1. Pupil exceeds the legal school age, transfers, or withdraws from the public school program
2. Medical evidence indicates that therapeutic/surgical measures are necessary and pupil must be placed in a hospital school setting or receive homebound instruction
3. Medical evidence indicates that the pupil no longer needs a special program

4. Parent surrogate, legal guardian or the majority age pupil submits a written request that services be terminated (compatible with "Procedural Due Process")
5. Pupil has adjusted emotionally to his handicapping condition, can compensate adequately to his physical handicap and is able to function academically in a regular classroom setting.
6. The superintendent or his designee must verify by signature any changes in placement and or dismissal of pupils.

D. Program models (Recommended)

Once the criteria for participation has been met, then further assessment of the pupil's intellectual and physical competencies should occur in order that individual educational prescriptions may be developed.

The following program models and subsequent assessment batteries are recommended to assist in determining the most efficacious program model for an orthopedically handicapped pupil:

1. Itinerant Program—If the pupil exhibits minimal physical involvement with no other significant problems, and if he is able to function in a regular classroom with supportive services, placement in this model should be appropriate.
2. Resource Room—If the pupil exhibits minor concomitant problems in addition to physical involvement to such a degree that assistance by teachers, aides, or peers is necessary, placement in a resource room should be appropriate.
3. Self-contained program—If the pupil exhibits severe physical involvement with major concomitant handicaps, other than in the areas of vision and hearing, he should qualify for placement in a self-contained program for pupils who are orthopedically handicapped. In the instances of severe vision or hearing handicaps, in addition to motor involvement, the pupil may be placed in either a program for the visually handicapped or hearing handicapped depending upon pupil needs. One-to-one assistance is essential in order for the pupil to progress in the academic and/or prevocational/vocational program.

In order to determine the most appropriate program model for orthopedically handicapped pupils, the following instruments are recommended:

Psychological assessment (one of the following)

Stanford Binet
Wechsler Intelligence Scale for Children (WISC)
Wechsler Intelligence Scale for Children-Revised (WISC-R)
Wechsler Adult Intelligence Scale (WAIS)

In addition, one adaptive behavior scale should be administered to assist in developing psychological/educational prescriptions, i.e., Vineland Social Maturity Scale, Gesell Developmental Schedules.

The following instruments are suggested to complete the battery:

(optional) Columbia Mental Maturity Scale
Wide Range Achievement Test
Oseretsky Tests of Motor Proficiency

It is realized that a minimal test battery appropriate for all pupils with orthopedic handicaps cannot be determined, for the complexities involved must be independently considered. Therefore, in many cases, utilization of the psychologist longitudinally on a consultative basis to the teacher should prove valuable.

III. Placement

No child shall be placed in programs for the orthopedically handicapped until the following process has been utilized:

1. The child has been "staffed" by the district's staffing committee. The staffing committee shall include, but not be limited to the following:

- a. psychologist
- b. person obtaining child's social history
- c. a person presenting the child's medical records
- d. a member of the district's administrative staff

Additional persons may include the person initiating the referral, the special teacher who may receive the pupil, guidance counselors, or others who may be able to offer pertinent information relative to the child. The child's parent surrogate *must* be invited to the staffing conference. Final responsibility for determining the child's eligibility for participation in the district's program for handicapped children shall be either the district superintendent, or his *specific* designee.

Prior to final placement, individually sequenced instructional objectives must be developed for each pupil and kept on file by the special teacher receiving the child.

IV. Record Keeping

- A. Complete diagnostic information, including evidence that "Procedural Due Process" has been fully accorded the child, shall be housed in one central depository whose site shall be determined by the district superintendent.
- B. The principal of each facility where special instructional programs are provided shall maintain a completed placement form for each handicapped child enrolled in any special program in that school. (See attached Placement Form -- note these are categorical.)
- C. Each teacher/clinician providing special education instruction shall maintain specific instructional objectives for each pupil he serves. These objectives must be updated at least twice each academic year.

Medical Report of Pupil Referred for Special Education Services
for the Orthopedically Handicapped
(to be returned to the school)
(This examination must be made by a physician licensed to practice medicine
by the State Board of Medical Examiners of South Carolina)

TO BE COMPLETED BY REFERENT:

Name of Pupil: _____ Address: _____
School: _____ County: _____
DOB: _____ Sex: Male _____ or Female _____

1. Statement of suspected educational problem:

Signed: _____ Date: _____

TO THE EXAMINING PHYSICIAN. The school plans to provide the above named child special instruction as determined by South Carolina law. Before the child receives instruction, it is required by the State Board of Education that the child have a physical examination. The purpose of this examination is (1) the description of the handicap including any special precaution necessary and (2) the diagnosis of any physical factors contributing to the child's need for special placement. This information will be maintained in strictest confidence, according to Public Law 93-380, Education of the Handicapped Act.

1. Following a medical examination I have found the condition described below obtained in the case of the above named child: _____

2. Is medical care or treatment needed on a continuing basis: yes _____ no _____

3. A. Date of suspected onset of handicapping condition: _____

B. Is condition reversible _____ irreversible _____

4. Does the special educational service appear appropriate from a medical standpoint:

yes _____ no _____ If no, please explain: _____

Signed: _____ Date: _____

PLEASE RETURN TO: Local education agency official indicated: Where? _____

PLACEMENT FORM

ORTHOPEDICALLY HANDICAPPED

Name _____
Last First Middle

Birthdate _____

Age _____

Grade _____

1. Handicapping condition as diagnosed by a licensed physician _____

A. Extent of physical involvement, i.e., arm-hand use, mobility, etc. _____

B. Concomitant handicaps evident, i.e., vision, hearing, speech _____

2. Ancillary agencies providing services _____

3. Intelligence Score (where applicable to determine program model) _____

Test and date administered _____

4. Are provisions made for teachers annual review and recommendations? _____ yes _____ no

5. Achievement tests and date administered _____

6. Has "Procedural Due Process" been honored? _____

7. Diagnostic evaluation, medical, educational, social and emotional data have been reviewed by a staffing committee which recommends that the pupil is eligible for placement in a _____ (specify model) special program.

8. I certify that _____ has met all criteria for participation in a program for pupils who are orthopedically handicapped.

Signature _____

(Person placing child in Special Program)

Date of Placement _____

VISUALLY HANDICAPPED

I. Definition

"Visually handicapped pupils means pupils of legal school age who either have no vision or whose visual limitations after correction result in educational handicaps unless special provisions are made. (Article 4.1 of the 1972 South Carolina Code of Laws, as amended.)

II. Identification

A. Criteria for participation/enrollment

To be eligible for participation in a program for the visually handicapped, candidates must meet criteria 1-6 below.

1. The pupil must be of legal school age.
2. A report by a licensed optometrist or ophthalmologist must indicate that a pupil has a visual impairment that requires special educational adaptations. This impairment may be recorded in terms of visual acuity, visual field limitations, progressive eye disease or binocular vision.

To participate in the program, one of the following criteria must be reflected in the eye specialist's report.

- a. Visual acuity—a measurement of 20/50 or less after correction to be converted to percentage of visual efficiency (Reference Table I and II). This impairment may be either far point or near point,
or
 - b. Visual field limitations—angle of vision is less than 20 degrees,
or
 - c. Progressive eye disease, i.e., glaucoma, that will eventually result in loss of useable vision,
or
 - d. Physical condition, i.e., diabetes, which may result in a gradual visual loss,
or
 - e. Binocular vision problems, i.e., muscular imbalance or inability to focus eyes.
3. Additionally, in category a, the candidate must possess 75% or less visual efficiency (Reference Table I and II).

Table I

Central Visual Acuity for Distance and Corresponding Percentage of Visual Efficiency

<i>Snellen Measure of Central Visual Acuity</i>	<i>Percent of Visual Efficiency</i>
20/50	75
20/80	60
20/100	50
20/200	20

Table II

Central Visual Acuity for Near Vision and Corresponding Percentage of Visual Efficiency

<i>Jaeger</i>	<i>Type Point (size)</i>	<i>Percent of Visual Efficiency</i>
6	8	50
8	12	20
11	14	15
14	22	5
--	--	2

4. In category a, candidate's visual skills as measured by the Visual Efficiency Scale (Barraga), available from the Office of Programs for the Handicapped, fall within the marginal or lower efficiency range. This test may be administered by a teacher.
5. A brief family history of the candidate must be completed. If the child is suspected of having a moderate to severe visual impairment, the eye form "Eye Report for Children with Visual Problems", available from the Office of Programs for the Handicapped, must be used. This eye report includes such necessary information as recommendations, nature, history, onset/cause and prognosis.
6. Candidate must be screened for speech, language and hearing impairments.

Should concomitant handicapping conditions be suspected, such as, mental retardation, emotional disturbance, or learning disability, a psychologist evaluator certificated by the State Department of Education shall evaluate the student.

The following information should be included in the evaluation report:

a. General level of function

1. descriptive—should provide the teacher with a clear definitive evaluation of the child in addition to intellectual assessments.
2. relate CA at which student responds to developmental levels in language (communicates needs), motor skills, perception skills, and learning ability.
3. additional information including methods of discrimination (auditory, tactile, visual), mobility, attention span, blindisms, i.e., rocking, shaking or tilting head.

b. Behavioral Pattern

1. adjustive: compensatory, denial, defensive and withdrawal reactions
2. non-adjustive: non-social, nervousness, anxiety

c. Emotional Status

1. ability to tolerate frustration
2. self-concept
3. degree of dependency in exploring and dealing with environment

d. Social

1. interpersonal relationships

2. attitude toward authority figures
- e. Recommendations for providing appropriate instruction.

The following tests should be used by the psychologist evaluator. Select one from each of sub-groups below, as indicated:

1. WPPSI — Verbal
WAIS — Verbal Scale
WISC-R — Verbal Scale
or
Interm Hayes-Binet Intelligence Test for the Blind, Revised
2. Maxfield-Bucholz Scale of Social Competence (for use with blind preschool children)
or
Vineland Social Maturity Scale
or
Overbrook Social Competency Scale
3. American Foundation for the Blind Anxiety Scale for Blind (Secondary School Level)

Tests to be used by the regular teacher or teacher for visually handicapped may include the following.

1. Barraga Visual Efficiency Scale
2. Slosson Drawing Coordination
3. Roughness Discrimination Test

Supportive Tests may include the following as an aid in developing individual instructional objectives.

1. Metropolitan Achievement Tests
 - a. Form AM — High School Battery
 - b. Form F — Primary I, II, Intermediate, Advanced
2. Metropolitan Readiness Test
3. Wide Range Achievement Test
4. Iowa Test of Basic Skills
5. Stanford Achievement Test
 - a. Form A or Primary Level I
 - b. Form W — Primary I, High School Basic Battery
6. Sequential Tests of Educational Progress

These achievement tests are available in large print or braille.

B. Requirements for Re-evaluation

1. Re-evaluation as indicated by an ophthalmologist or optometrist on the eye report.
2. If a psychological is administered, a complete re-evaluation is required every two years.
3. Educational reassessment by teacher annually.

C. Criteria for Dismissal

1. Child exceeds legal school age, transfers, or withdraws from the public school program.
2. The parent surrogate, legal guardian, or the majority-age pupil submits a written request that services be terminated (consistent with "Procedural Due Process").
3. Surgery or glasses resulting in correction of visual problem to within "normal" range.
4. The superintendent or his designee must verify by signature any changes in placement and/or dismissal of pupils.

D. Program Model (recommended)

1. Itinerant Model

The itinerant model may be employed at any school level but appears more effective for middle and secondary aged children who are able to function effectively and efficiently in a regular school program with periodic consultations by the teacher relative to instructional books, materials, equipment. The itinerant program may also be utilized for tutoring in academic areas.

2. Resource Room

This model is particularly desirable for the following visually handicapped children:

- a. The elementary or middle school visually handicapped child who needs individualized instruction in one or more academic areas and availability of special equipment, i.e., brailers, recorders, and talking book machines.
- b. The secondary student who needs individualized instruction in one or more academic areas and requires exclusive use of special equipment, i.e., recorders, typewriters, brailers, talking book machines.

3. Self-contained

This model is desirable for the following visually handicapped children:

- a. The blind, at the primary level, where braille is taught as a communicative skill and must be closely supervised for maximum efficiency, and in those instances where biological functions must be taught.
- b. A visually handicapped child possessing a secondary handicapping condition (mentally handicapped, emotionally handicapped) where the academic program may be highly adapted to individual needs.

III. Placement

No pupil shall be placed into programs for the visually handicapped until the following process has been completed:

1. The child has been staffed by the district's staffing committee. The staffing committee shall include, but not be limited to the following:
 - a. psychologist
 - b. person obtaining child's social history
 - c. a person presenting the child's medical records
 - d. a member of the district's administrative staff

Additional persons may include the person initiating the referral, the special teacher who may receive the pupil, guidance counselors, or others who may be able to offer pertinent information relative to the child. The child's parent/surrogate must be invited to the staffing conference. Final responsibility for determining the child's eligibility for

participation in the district's program for handicapped children shall be either the district superintendent, or his *specific* designee.

Prior to final placement, individually sequenced instructional objectives must be developed for each pupil and kept on file by the special teacher receiving the child.

IV. *Record Keeping*

- A. Complete diagnostic information, including evidence that "Procedural Due Process" has been fully accorded the child, shall be housed in one central depository whose site shall be determined by the district superintendent.
- B. The principal of each facility where special instructional programs, services are provided, shall maintain a completed placement form for each handicapped child enrolled in the visually handicapped program receiving services in that school. (See attached Placement Form — note these are categorical.)
- C. Each teacher providing special education instruction shall maintain specific instructional objectives for each pupil he serves. These objectives must be updated at least twice each academic year. These instructional objectives may be developed by the special teacher and/or the regular classroom teacher.

PLACEMENT FORM

VISUALLY HANDICAPPED

Name _____ Age _____

Birthdate _____ Grade _____

Hearing, vision, speech and language screening done? _____ Yes _____ No

Dates and results:

Date of last visual examination _____

Acuity:

Near Vision

uncorrected _____ corrected _____

Right eye (OD)

Left eye (OS)

Far Vision

uncorrected _____

Right eye (OD)

Left eye (OS)

corrected _____

Visual field restriction: Yes _____ No _____

Recommendations and/or prognosis of eye specialist:

Visual efficiency scale administered? _____ Yes _____ No

Date administered and results:

Other handicapping condition present? _____ Yes _____ No. If yes what secondary condition? _____

Tests, results, and dates administered:

Dates of re-evaluations _____

Has "Procedural Due Process" been honored? _____ Yes _____ No

Diagnostic, evaluation, educational and social data have been reviewed by a staffing committee which recommends that the student is eligible for a _____ special program.

(specify model)

I certify that _____ has met all criteria for participating in a visually handicapped program.

Signature: _____

(Person placing child in special program)

Date of placement _____

LEARNING DISABILITIES

I. Definition

Learning disabilities pupils means pupils with special learning disabilities who exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance or to environmental disadvantage. (Article 4.1 of the 1972 Code of Laws of South Carolina, as amended.)

II. Identification

A. Criteria for Participation/Enrollment (Either Criteria I or Alternative Criteria II must be met for a candidate to participate in a learning disabilities program).

1. Criteria I (When WISC, WISC-R or WAIS is used)

Inclusion Factors:

- Candidate must be of legal school age
- Candidate must have a health screening, which would indicate there are no vision, hearing, or physical problems
- Candidate must not score below - 1 standard deviation (full scale and/or performance or verbal subscales) given by a psychologist/educational evaluator certificated by the South Carolina Department of Education
- Candidate must possess an identified learning disability. Identification shall be based upon profile analysis of the individually administered intelligence scale (administered by a psychologist/educational evaluator certificated by the South Carolina Department of Education) in addition to consistent supportive findings gleaned from at least two other supplemental sources of the observed psychological dysfunction.

Atypical patterns of intratest scatter shall be considered significant if the candidate obtains an averaged scale score of eight or lower in one or more of the following areas of dysfunction. (1) visual, (2) auditory/language, and (3) haptic/sensory motor.

Specifically, to meet criteria for placement, a candidate must exhibit a dysfunction to the degree that the average of any three of the appropriate Wechsler sub-test scaled scores is eight or lower. The appropriate sub-test of the WISC-R, WISC and WAIS and the related areas of dysfunction are provided below.

Area of Dysfunction	Appropriate Sub-Tests of WISC-R, WISC, WAIS
Visual	Picture Completion, Picture Arrangement, Block Design, Object Assembly, Coding, Mazes
Auditory/Language	Information, Similarities, Digit Span, Comprehension, Vocabulary, Arithmetic
Haptic/Sensory Motor	Block Design, Coding, Object Assembly, Mazes

In the event that a deficit suggests a commonality between Visual and Haptic/Sensory Motor areas of dysfunction (and the examiner is unable to distinguish a specific suspected area of disability), it is suggested that the Southern California Sensory Integration Tests, the Hiskey-Nebraska, or other suitable multi-modal instrumentation be administered in full, thus supplanting batteries unique to each area. (Examiner must administer a minimum of two different instruments.)

Suspected Visual Dysfunction

If there is a suspected visual dysfunction, as evidenced by the intelligence scale, the hypothesis must be supported through the administration (to the degree indicated) of at least two of the instruments below. (This battery must be administered by a psychologist/evaluator certified by the South Carolina Department of Education.)

Elementary

Illinois Test of Psycho-
linguistic Abilities
Visual reception
Visual association
Visual sequence memory
Visual closure

Frostig Developmental Test
of Visual Perception (all)

Bender-Gestalt Test (all)

Meeting Street School
Screening Test (all)

Southern California Sensory
Integration Tests
Space Visualization
Figure Ground Perception
Position in Space
Design Copying

Graham-Kendall Memory for
Designs (all)

Detroit Test of Learning Abilities (all)

Middle - Secondary

Hiskey-Nebraska Test of Learning Aptitude
Visual attention span
Completion of drawings
Picture analysis
Spatial Reasoning

Bender-Gestalt Test (all)

Benton Visual Retention Test (all)

Graham-Kendall Memory for Designs (all)

Detroit Test of Learning Abilities (all)

Suspected Auditory/Language Dysfunction

Auditory and language dysfunctions are difficult to differentiate on the WISC-R, WISC or WAIS as they are inter-related on this instrument. In those instances where an auditory/language dysfunction is suspected, then the examiner must administer the entire ITPA in order to discriminate between these two dysfunctions. Additional testing required for other dysfunctions will not be required in this area as the ITPA will supplant the additional suggested instruments. If the examinee is beyond the chronological age for which the ITPA has been validated, then the examiner may use the Hiskey-Nebraska or other suitable instrument(s). When determination has been made as to the dysfunction (Language or Auditory), these areas shall be treated as separate components of "learning disabilities" for purposes of program entry, instruction and dismissal.

Suspected Haptic/Sensory Motor Dysfunction

If there is a suspected haptic/sensory motor dysfunction, as evidenced by the intelligence scale, the hypothesis must be supported through the administration (to the degree indicated) of at least two of the instruments below. (This battery must be administered by a psychologist/evaluator certified by the South Carolina Department of Education.)

Elementary

McCarthy Scales of Children's Abilities
Block Building
Puzzle Solving
Right-left orientation
Draw a design
Draw a child

Bender-Gestalt Test (all)

The Purdue Perceptual Motor Survey (all)

Draw A Man (all)

Southern California Sensory Integration Tests (all)

Detroit Test of Learning Abilities (all)

Middle - Secondary

Hiskey-Nebraska Test of Learning Aptitude
Block patterns
Puzzle blocks

Bender-Gestalt Test (all)

Draw A Man (all)

Oseretsky Tests of Motor Proficiency (all)

Detroit Test of Learning Abilities (all)

- e A candidate must fall below the 50th percentile in one or more of the following areas as measured by an individually administered standardized achievement test administered by a classroom teacher, special education teacher, guidance counselor, or other qualified school personnel. Areas include Reading, Writing, Arithmetic, Spelling. One of the following instruments is suggested:

Elementary

Wide Range Achievement Test (WRAT)
Peabody Individual Achievement Test
California Achievement Test
Metropolitan Achievement Test
California Test of Basic Skills
Iowa Test of Basic Skills

Middle - Secondary

Wide Range Achievement Test (WRAT)
Peabody Individual Achievement Test
California Achievement Test
Metropolitan Achievement Test
California Test of Basic Skills
Iowa Test of Basic Skills

2. Alternative Criteria II (When Binet-Form LM is used)

Inclusion Factors:

- a. Candidate must be of legal school age
- b. Candidate must have a health screening, which would indicate there are no vision, hearing, or physical problems
- c. Candidate must not score below -2 standard deviations (full scale) on an individually administered intelligence test given by a psychologist/education evaluator certificated by the South Carolina Department of Education
- d. Candidate must possess an identified learning disability. Identification shall be based upon profile analysis of the individually administered intelligence scale (administered by a psychologist/educational evaluator certificated by the South Carolina Department of Education) in addition to consistent supportive findings gleaned from at least two other supplemental sources of the observed psychological dysfunction.

If the Stanford-Binet (Form LM) is utilized as the instrument of choice for placement, profile analysis must suggest deficit areas such that the developmental index (DI) obtained by the candidate in the specific areas of dysfunction (Visual, Auditory/Language, Haptic/Sensory Motor) is at least one year below the candidate's chronological age (CA). The appropriate developmental levels corresponding to the areas of dysfunction are given below:

AREAS OF DYSFUNCTION		TABLE I																				
		Appropriate Binet Items for Computation of Developmental Index																				
		Year	2	2½	3	3½	4	4½	5	6	7	8	9	10	11	12	13	14	AA	SAI	SAII	SAIII
VISUAL			2 3 5 A	1 2 3 4 6	2 4 A	1 2 3 A	1 2 4 5	1 3 A 6A	3	1		1 3	2	1 A	3 6 A	1 5 6 A	2 A	4 A	3	A		
Month's Credit for each item passed			2	12	3	2	15	3	12	12	12	6	12	12	6	4	12	16	24	30	36	
AUDITORY LANGUAGE			3 5 6 A	1 2 3 4 5 6	2 4 A	4 6 A	1 2 3 4 5 6 A	2 4 5 6 A	3	1 2 4 5 6 A	2 4 5 6 A	1 2 3 4 5 6 A	2 4 3 4 5 6 A	1 3 4 5 6 A	2 3 4 5 6 A	1 2 3 4 5 6 A	2 3 4 5 6 A	1 2 3 4 5 6 7 8	1 2 3 4 5 6 A	1 2 3 4 5 6 A	1 2 3 4 5 6 A	
Month's Credit for each item passed			2	1	3	3	12	15	6	3	3	2	3	2.4	2.4	2.4	4	2.4	2	4	5	6
HAPTIC SENSORY MOTOR			1 4	A	1 3 5 6	2 5 A		5	1 2 4 6 A	6	3		1 3		1 A	6 A		A				
Month's Credit for each item passed			3	6	15	3	6	6	15	12	12	12	6	12	12	12	12	16	24	30	36	

As illustrated in TABLE I, the Binet Tests are grouped into age levels extending from age two (2) to Superior Adult levels. It is assumed that the tests within each age level are approximately uniform in difficulty. Alternate tests (designated A) are provided to be used in place of a regular test if circumstances render an item inappropriate.

The developmental index is found by crediting a candidate with a basal age (where all items are passed in the particular area of dysfunction) and adding to that age further months of credit for every test passed beyond the basal level. The month's credit for each test item from age two (2) through Superior Adult III is provided in TABLE I. For each age level, the number of items passed is multiplied by the appropriate number of month's credit. The sum total of month's credit for all age levels passed equals the developmental index for the particular area of dysfunction.

For those age groups and area of dysfunction where no appropriate items are available, the candidate is allowed twelve months developmental credit for year 6-14, six months for years 2-5; and the mental age equivalent at the adult levels.

Consistent support for all suspected areas of dysfunction must be found through the administration (to the degree indicated) of a minimum of two supplemental instruments which relate to the observed psychological dysfunction. It is recognized that the Wechsler and Binet scales are designed to measure global intellectual effectiveness, thus, used alone, analysis of sub-test patterns and sub-scale scores is only moderately successful in identification of the learning disabled child.

Suspected Visual Dysfunction

If there is a suspected visual dysfunction, as evidenced by the intelligence scale, the hypothesis must be supported through the administration (to the degree indicated) of a least two of the instruments below. (This battery must be administered by a psychologist/evaluator certified by the South Carolina Department of Education.)

Elementary

Illinois Test of Psycholinguistic

Abilities

- Visual reception
- Visual association
- Visual sequence memory
- Visual closure

Frostig Developmental Test of Visual Perception (all)

Bender-Gestalt Test (all)

Meeting Street School Screening Test (all)

Southern California Sensory Integration Test

- Space Visualization
- Figure Ground Perception
- Position in Space
- Design Copying

Graham-Kendall Memory for Designs (all)

Detroit Test of Learning Abilities (all)

Middle - Secondary

Hiskey-Nebraska Test of Learning

Aptitude

- Visual attention span
- Completion of drawings
- Picture analysis
- Spatial Reasoning

Bender-Gestalt Test (all)

Benton Visual Retention Test (all)

Graham-Kendall Memory for Designs (all)

Detroit Test of Learning Abilities (all)

Suspected Auditory/Language Dysfunction

Auditory and language dysfunctions are difficult to differentiate on the Stanford-Binet (Form LM) as they are inter-related on this instrument. In those instances where an auditory/language dysfunction is suspected, then the examiner must administer the entire ITPA in order to discriminate between these two dysfunctions. Additional testing required for other dysfunctions will not be required in this area as the ITPA will supplant the additional suggested instruments. If the examinee is beyond the chronological age for which the ITPA has been validated, then the examiner may use the Hiskey-Nebraska or other suitable instrument(s). When determination has been made as to the dysfunction (Language or Auditory), these areas shall be treated as separate components of "learning disabilities" for purposes of program entry, instruction and dismissal.

Suspected Haptic/Sensory Motor Dysfunction

If there is a suspected haptic/sensory motor dysfunction, as evidenced by the intelligence scale, the hypothesis must be supported through the administration (to the degree indicated) of at least two of the instruments below. (This battery must be administered by a psychologist/evaluator certified by the South Carolina Department of Education.)--

Elementary

Middle - Secondary

McCarthy Scales of Children's
Abilities
Block Building
Puzzle Solving
Right-left orientation
Draw a design
Draw a child

Hiskey-Nebraska Test of Learning
Aptitude
Block patterns
Puzzle blocks

Bender-Gestalt Test (all)

Bender-Gestalt Test (all)

Draw A Man (all)

Oseretsky Tests of Motor Proficiency
(all)

The Purdue Perceptual-Motor
Survey (all)

Detroit Test of Learning Abilities
(all)

Draw A Man (all)

Southern California Sensory
Integration Test (all)

Detroit Test of Learning Abilities (all)

- e. A candidate must fall below the 50th percentile in one or more of the following areas as measured by an individually administered standardized achievement test administered by a classroom teacher, special education teacher, guidance counselor, or other qualified school personnel. Areas include: Reading, Writing, Arithmetic, Spelling. One of the following instruments is suggested:

Elementary

Middle - Secondary

Wide Range Achievement Test
(WRAT)

Wide Range Achievement Test (WRAT)

Peabody Individual
Achievement Test

Peabody Individual Achievement Test

California Achievement Test

California Achievement Test

Metropolitan Achievement
Test

Metropolitan Achievement Test

Iowa Test of Basic Skills

California Test of Basic Skills

Iowa Test of Basic Skills

Exclusion Factors:

The following are specific exclusion factors which make a candidate ineligible for placement in a learning disabilities program:

- Mental Retardation—A score below -2 standard deviations on an individual test of intelligence. (Wechsler or Binet)
- Deaf or Hard of Hearing—More than 30 db loss in the better ear unaided, and speech and language learned through normal channels.
- Blind or Partially Sighted—A visual acuity of less than 20/70 in the better eye.
- Physical Handicap—Evidence of physical handicap directly related to the child's deficit area.

- e. Emotional Disturbance—Evidence of a primary emotional disturbance severe enough to necessitate a therapeutic, affective instructional program.
- f. Environmental Disadvantage—Evidence of environmental disadvantage from behavioral observation and biographical data.
- g. Slow Learner—Evidence of consistent sub-normal performance of at least 1 standard deviation on tests of intelligence. (WISC, WIPPSI, WISC-R or Stanford-Binet, Form LM)

B. Requirements for Re-evaluation:

All pupils enrolled in learning disabilities programs at the elementary level (grades 1-6) shall be re-evaluated every two years. This re-evaluation shall include either Criteria I or Alternative Criteria II required in Section II-A letters "d" and "e" of this document. All pupils enrolled in learning disabilities programs at the middle or secondary level (grades 7-12) shall be re-evaluated every two years. This re-evaluation shall include the Criteria I or Alternative Criteria II required in Section II-A letters "d" and "e" of this document.

C. Criteria for Dismissal

Reasons for Dismissal:

1. Pupil exceeds legal school age, transfers, or withdraws from the public school program.
2. Parent, Surrogate, legal guardian or majority aged pupil submits written request that services be terminated (consistent with "Procedural Due Process").
3. Pupils must either:
 - a. Demonstrate no evidence of a significant dysfunction in the areas of visual, auditory, language or haptic/sensory motor as measured by intellectual and supportive instruments administered by the psychologist or educational evaluator. (This specific decision shall be judgmental on the part of the psychologist/educational evaluator.)

OR

- a. Pupils must score above the 50th percentile in all of the following areas as measured by an individual achievement test administered by a classroom teacher, special education teacher, guidance counselor or other qualified school personnel. Academic areas include: Reading, Writing, Arithmetic and Spelling.

The superintendent or his designee must verify by signature any changes in placement and/or dismissal of pupils.

D. Program Models — Recommended

Public Law 93-380 evokes the concept of "least restrictive educational setting" for handicapped children. Consequently, South Carolina statutes provide for three "program models" for handicapped children, e.g.,

1. Itinerant—Taught in a regular class setting with some specialized instruction.
2. Resource Room—Pupil spends a portion of his instructional time in a special class and the balance in a regular class.
3. Self-Contained—Full-time in a special class.

In determining the most appropriate program model for a learning disabled child, consideration must be given to both the number of *identified* dysfunctions and the severity of *specific* dysfunctions. For example, a child may meet the criteria in three areas of dysfunction and be mildly handicapped in each. This child would probably be served in a resource setting. Conversely, a child may be severely disabled in only one identified area and may be best served in a self-contained schema.

In summary, both the number of specified disabilities and the degree of each must be accorded careful consideration prior to determining the most effective program model. The decisions are, by necessity, judgmental based on the pupil's full evaluation.

III. Placement

No child shall be placed in programs for learning disabilities until the following process has been completed.

The child has been staffed by the district's staffing committee. The staffing committee shall include, but not be limited to, the following:

- a. Psychologist
- b. Person obtaining the child's social history
- c. Person presenting the child's medical records
- d. Member of the district's administrative staff

Additional persons may include the principal, referring teacher, speech clinicians, school nurse, guidance counselors, or others who may be able to offer pertinent information relative to the child. The child's parent surrogate *must* be invited to the staffing conference. Final responsibility for determining the child's eligibility for participation in the district's program for handicapped children shall be either the district superintendent or his *specific* designee.

Prior to final placement, individually sequenced instructional objectives must be developed for each pupil and kept on file by the special teacher receiving the child.

IV. Record Keeping

- A. Complete diagnostic information, including evidence that 'Procedural Due Process' has been fully accorded the child, shall be housed in one central depository whose site shall be determined by the district superintendent.
- B. The principal of each facility where special instructional programs are provided shall maintain a complete placement form for each handicapped child enrolled in any special program in that school. (See attached Placement Form — note these are categorical.)
- C. Each teacher, clinician providing special education instruction shall maintain specific instructional objectives for each pupil he serves. These objectives must be updated at least twice each academic year.
- D. Each teacher shall annually review the pupil's records to insure that current information is being maintained.

Tested by _____
 Student's Name _____
 School _____
 Grade _____

Date WISC Administered _____
 Date of Birth _____
 Chronological Age _____
 Sex _____

Year Month Day

Verbal Tests*	Raw Score	Scaled Score
Information	_____	_____
Similarities	_____	_____
Arithmetic	_____	_____
Vocabulary	_____	_____
Comprehensive (Digit Span)	_____	_____
Verbal Score	_____	_____

* The average of the three lowest scaled scores for this group of subtests is: _____

Performance Tests*	Raw Score	Scaled Score
Picture Completion	_____	_____
Picture Arrangement	_____	_____
Block Design	_____	_____
Object Assembly	_____	_____
Coding	_____	_____
(Mazes)	_____	_____
Performance Score	_____	_____

* The average of the three lowest scaled scores for this group of subtests is: _____

Selected Performance Items*		
	Raw Score	Scaled Score
Block Design	_____	_____
Object Assembly	_____	_____
Coding	_____	_____
(Mazes)	_____	_____
Selected Performance Score	_____	_____

* The average of the three lowest scaled scores for this group of subtests is: _____

	Scaled Score	IQ
OVERALL Verbal Score	_____	_____
Performance Score	_____	_____
Full Scale Score	_____	_____

Tested By _____

Date Binet Administered _____

Year Month Day

Student's Name _____

Date of Birth _____

School _____

Chronological Age _____

Grade _____

Sex _____

Basal Age _____

Instructions: Draw a vertical line through the year for the obtained basal age. Circle all test items passed beyond this level.

Ceiling Age _____

Mental Age _____

IQ _____

AREAS OF DYSFUNCTION		TABLE I																				
		Appropriate Binet Items for Computation of Developmental Index																				
		Year	2	2½	3	3½	4	4½	5	6	7	8	9	10	11	12	13	14	AA	SAI	SAII	SAIII
VISUAL			2 3 5 A	1 2 3 4 6	2 4 3 A	1 2 3 4 5	1 2 3 A	1 2 4 5 6A	3	1			1 3	2	1	3 6 A	1 5 6 A	2 4 A	3	A		
	Month's Credit for each item passed		2	1.2	3	2	1.5	3	1.2	12	12	12	6	12	12	6	4	12	16	24	30	36
AUDITORY/ LANGUAGE			3 5 6 A	1 2 3 4 5 6	2 4 A	4 6	1 2 3 4 6 A	2 4 5 6 A	3	1 2 4 5 A	2 4 5 6 A	1 2 3 4 5 6 A	2 4 3 5 6 A	1 2 3 4 5 6 A	2 3 4 5 6 A	1 2 3 4 5 6 A	2 3 4 5 6 A	1 2 3 4 5 6 7 8	1 2 3 4 5 6 A	1 2 3 4 5 6 A	1 2 3 4 5 6 A	
	Month's Credit for each item passed		2	1	3	3	1.2	1.5	6	3	3	2	3	2.4	2.4	2.4	4	2.4	2	4	5	6
HAPTIC/SENSORY MOTOR			1 4	A	1 3 5 6	2 5 A		5	1 2 4 6 A	6	3		1 3		1	A	6 A		A			
	Month's Credit for each item passed		3	6	1.5	3	6	.6	1.5	12	12	12	6	12	12	12	12	12	16	24	30	36

PLACEMENT FORM

LEARNING DISABILITIES

Name _____ Last _____ First _____ Middle _____ Age _____

Birthdate _____ Grade _____

1. Vision within normal limits Yes _____ No _____
2. Hearing within normal limits Yes _____ No _____
3. No evidence of primary physical handicap _____
4. No evidence of primary emotional disturbance _____
5. No evidence of slow learner or environmental disadvantage _____
6. Current test battery results:

a. Intelligence Test _____

Date Administered _____

Qualification of Examiner: Ed. Evaluator, Psy. 1, 2, or 3

(circle one)

Score: Verbal _____ Performance _____ Full Scale _____

If WISC, WISC-R or WAIS is used: Average Scaled Scores

Visual _____ Auditory/Language _____ Haptic/Sensory Motor _____

If Stanford-Binet, Form LM is used: Developmental Index

CA _____ Visual _____ Auditory/Language _____ Haptic/Sensory Motor _____

b. Supportive Tests for Suspected Visual Dysfunction _____

Date Administered _____ Score _____ Name of Examiner _____

Qualification of Examiner: Ed. Evaluator, Psy. 1, 2, or 3

(circle one)

c. Supportive Test for Suspected Auditory/Language Dysfunction _____

Date Administered _____ Score _____ Name of Examiner _____

Qualification of Examiner: Ed. Evaluator, Psy. 1, 2, or 3

(circle one)

d. Achievement Test _____

Date Administered _____ Name of Examiner _____ Position _____

Percentile Score: Reading _____ Writing _____ Arithmetic _____ Spelling _____

7. Date candidate must be re-evaluated _____

8. Has "Procedural Due Process" been honored? Yes _____ No _____

9. Diagnostic, evaluation, educational and environmental data have been reviewed by a staffing committee which recommends that the student is eligible for placement in a _____ (specify model)

special program.

10. I certify that _____ has met all criteria for participation in a program for learning disabled pupils.

Name

Signature _____

Person placing child in special program

Date of Placement _____

EMOTIONALLY HANDICAPPED

I. Definition

Emotionally handicapped pupils means pupils of legal school age with demonstrably adequate intellectual potential, who because of emotional, motivational, or social disturbance require special classes or specialized education instruction suited to their needs. (Article 4.1 of the 1972 Code of Laws of South Carolina, as amended.)

II. Identification

A. Criteria for Participation/Enrollment

To be eligible for participation, candidates must meet the criteria below:

Inclusion Factors

1. Candidate must be of legal school age.
2. Candidate must exhibit emotional disorders that are not due primarily to mental retardation, psychological process interference resulting in a learning disability, or inappropriate behaviors characteristic of children manifesting intelligence characterized as "dull-normal."
3. Candidate must exhibit significant behavior disorder that is not being controlled or eliminated by medical intervention.
4. Candidate exhibits the following characteristics, either singly or in combination, to the degree that he or she is unable to take advantage of, or relate to, the regular education program:

a. General Characteristics

- 1) An inability to learn that cannot be explained by intellectual, sensory or health factors.
- 2) Inappropriate types of behavior or feeling under normal circumstances.
- 3) General mood of unhappiness or depression.
- 4) A tendency to develop physical symptoms, pain or fears associated with personal or school problems.

Emotionally handicapped children cannot be diagnosed by any specific instrument. Perhaps the best decision can be made only after careful consideration of an array of data. Owing to the nature of "emotional disturbance", a child may manifest (either covertly or overtly) a number of cues connoting emotional disorders. Hence, the following list must be considered as to clues in detecting possible emotional handicaps.

b. Specific Characteristics

- 1) Short attention span
- 2) Restlessness
- 3) Does not complete tasks
- 4) Listening difficulties
- 5) Avoids participation with other children or knows how to play only by hurting others
- 6) Avoids adults
- 7) Repetitive behavior
- 8) Ritualistic or unusual behavior
- 9) Resistant to direction
- 10) Unusual language content—strange, fearful, fantasy
- 11) Speech problems—primarily rate of speech
- 12) Physical complaints
- 13) Echolalia — Echoes other's speech
- 14) Self-aggressive/self-derogatory
- 15) Withdrawn

- 16) Anxious — needs constant reassurance
 - 17) Aggression toward authority
 - 18) Aggression toward objects and groups
- c. Identification Procedures — The identification procedures must be consistent with the criteria for participation. These procedures shall include all of the following:
- 1) A health screening which would indicate there are no vision, hearing or physical problems.
 - 2) A compilation of specific behavioral data collected over a period of time by the referral source (example, anecdotal records by teacher, counselor or parent).
 - 3) Evidence of direct observation of the student by someone other than the referral source.
 - 4) Documented evidence of previous educational adjustments that have been utilized.
 - 5) Information regarding language development of the child—both expressive and receptive.
 - 6) Determination of an adequate intellectual potential — A psychologist or educational evaluator certified by the South Carolina Department of Education must administer the WISC, WISC-R, WAIS or Stanford Binet. Careful provisions must be made to insure that any perceived behavioral disorders cannot be accorded specifically to cultural differences.
 - 7) Educational assessment to determine the pupil's strengths and weaknesses.
 - 8) Evidence of a social history preferably collected directly from parent surrogate or guardian.

Specific Test Battery

1. An individually administered standardized achievement test must be given by a classroom teacher, special education teacher, guidance counselor or other qualified school personnel. Areas to be measured include Reading, Writing, Arithmetic and Spelling. One of the following instruments is suggested.

<i>Elementary</i>	<i>Middle - Secondary</i>
Wide Range Achievement Test (WRAT)	Wide Range Achievement Test (WRAT)
Peabody Individual Achievement Test	Peabody Individual Achievement Test
California Achievement Test	California Achievement Test
Metropolitan Achievement Test	Metropolitan Achievement Test
California Test of Basic Skills	California Test of Basic Skills
Iowa Test of Basic Skills	Iowa Test of Basic Skills

2. A behavioral checklist (relative to the characteristics stated in Specific Descriptors) must be completed by the pupil's current teacher and by an additional person who is familiar with the child. The psychologist/educational evaluator will review these checklists. (i.e., Part II of the AAMD Adaptive Behavior Scales, Peterson and Quay Behavior Problem Checklist, or any standardized or informal behavioral checklist)
3. An individually administered intelligence scale (WISC, WISC-R, WAIS or Stanford Binet) must be given by a psychologist/educational evaluator certified by the South Carolina Department of Education. Once the

psychologist/educational evaluator has determined that there are emotional indicators from the behavioral checklist and the intellectual test, then at least two other tests of psychological function from the list below must be administered to the candidate by a psychologist/educational evaluator certificated by the South Carolina Department of Education.

- a) Thematic Children's Apperception Test (TAT/CAT)
- b) Kinetic Family Drawing (KFD)
- c) House-Tree-Person (HTP)
- d) Sentence Completion
- e) Bender-Gestalt Test
- f) California Test of Personality (CTP)

Recommendations for participation in a program for emotionally handicapped (as a result of the behavioral checklists, intellectual assessment and the supporting supplemental measures) shall be judgmental on the part of the psychologist/educational evaluator.

B. Requirements for Re-evaluation

All pupils enrolled in programs for emotionally handicapped shall be re-evaluated every two years. This re-evaluation shall include criteria in Section II-A, Specific Test Battery of this document.

C. Criteria for Dismissal

Reasons for dismissal:

1. Pupil exceeds legal school age, transfers, or withdraws from the public school program.
2. Parent/surrogate, legal guardian or majority aged pupil submits written request that services be terminated (consistent with "Procedural Due Process").
3. Pupil must demonstrate observable progress in modifying or eliminating the entering behaviors in a positive fashion. The criteria for observable progress shall be the products of the behavioral checklist, intelligence test and the two supplemental measures.

The superintendent or his designee must verify by signature any changes in placement and/or dismissal of pupils.

D. Program Models (Recommended)

Public Law 93-380 evokes the concept of "least restrictive educational setting" for handicapped children. Consequently, South Carolina statutes provide for three "program models" for handicapped children.

1. *Itinerant* — Taught in a regular class setting with some specialized instruction.
2. *Resource Room* — Pupil spends a portion of his instructional time in a special class and the balance in a regular class.
3. *Self-contained* — Full-time in a special class.

In determining the most appropriate program model for an emotionally handicapped child, consideration must be given to the severity of the specific emotional handicaps. For example, a child may meet the criteria for participation and be mildly handicapped. This child would probably be best served in a resource setting. Conversely, a child may show definite signs of severe emotional handicaps and may be best served in a self-contained schema.

In summary, the degree of emotional handicap for each pupil must be accorded careful consideration prior to determining the most effective program model. These decisions are, by necessity, judgmental as they are based on the pupil's full evaluation.

III. Placement

No child shall be placed in programs for emotionally handicapped until the following process has been completed.

1. The child has been staffed by the district's staffing committee. The staffing committee shall include, but not be limited to, the following:
 - a. psychologist
 - b. person obtaining child's social history
 - c. person presenting the child's medical records
 - d. member of the district's administrative staff

Additional persons may include the principal, referring teacher, speech clinicians, school nurse, guidance counselors, or others who may be able to offer pertinent information relative to the child. The child's parent surrogate must be invited to the staffing conference. Final responsibility for determining the child's eligibility for participation and dismissal in the district's program for handicapped children shall be either the district superintendent or his specific designee.

Prior to final placement, individually sequenced instructional objectives must be developed for each pupil and kept on file by the special teacher receiving the child.

2. Written concurrence by a representative of either state or community mental health center should be sought.

IV. Record Keeping

- A. Complete diagnostic information, including evidence that Procedural Due Process has been fully accorded the child, shall be housed in one central depository whose site shall be determined by the district superintendent.
- B. The principal of each facility where special instructional programs are provided shall maintain a completed placement form for each handicapped child enrolled in any special program in that school. (See attached Placement Form — note these are categorical)
- C. Each teacher/clinician providing special education instruction shall maintain specific instructional objectives for each pupil he serves. These objectives must be updated at least twice each academic year.

PLACEMENT FORM

EMOTIONALLY HANDICAPPED

Name _____ Age _____
Last First Middle

Birthdate _____ Grade _____

- | | | |
|--|-----------|----------|
| 1. Vision within normal limits | Yes _____ | No _____ |
| 2. Hearing within normal limits | Yes _____ | No _____ |
| 3. No evidence of primary physical handicap | Yes _____ | No _____ |
| 4. No evidence of slow learner or environmental disadvantage | Yes _____ | No _____ |

5. Current test battery results:

a. Intelligence Test _____

Date Administered _____

Name of Examiner _____

Qualification of Examiner: Ed. Evaluator, Psy. 1, 2, or 3

(Circle one)

Score: Verbal _____ Performance _____ Full Scale _____

b. Name of two supportive tests given: _____

Date Administered _____

Name of Examiner _____

Qualification of Examiner: Ed. Evaluator, Psy. 1, 2, or 3

(Circle one)

c. Evidence that behavioral check-list has been completed _____

Name and position of the two people completing this:

1. _____

2. _____

d. Evidence of specific data collected over a period of time

Yes _____ No _____

e. Achievement Test _____

Date Administered _____

Name of Examiner: _____

Position _____

Percentile Score: Reading _____ Writing _____ Arithmetic _____ Spelling _____

6. Date candidate must be re-evaluated _____

7. Has "Procedural Due Process been honored?"

Yes _____ No _____

8. Diagnostic, evaluation, educational and environmental data have been reviewed by a staffing committee which recommends that the student is eligible for placement in a _____

(specify model)

special program

9. I certify that _____ has met all criteria for participation in a program for

(name)

emotionally handicapped children.

Signature _____

(Person from either state or community mental health center concerning EH handicap)

Signature _____

(Person placing child in special program)

Date of Placement _____

Language Dominance Measures

- Title:** Hoffman Bilingual Schedule
- Author:** Moses N. H. Hoffman
- Publisher:** Teachers College Press
- Copyright Date:** 1934
- Type of Test:** It is a questionnaire designed to measure a person's bilingual background. It can be used with groups.
- Type of Test:** This questionnaire measures aspects of a person's linguistic background. It does not indicate how deep is the person's grasp of each language.
- Description:** This questionnaire attempts to determine the languages a family uses, how they were acquired through heritages, and how they are presently used within the person's environment. The questionnaire starts by asking the student familiar questions (e.g., name, age, grade), additional information is acquired to determine the birthplace of parents and the number of years in the U. S., the names, ages, school, and grade of siblings, if parents understand English and the other languages parents understand; the languages spoken by parents, grandparents and siblings and to what degree. Other questions examine the entertainment patterns of the family (e.g., literature read, theatre attended, writing letters, reading daily newspapers, lectures attended) and if they participate any of the above in languages other than English and what frequency are they entertained.
- Cost:** Information was not available.
- Time limits:** Information is specifically given. The manual merely states "should take only a short time". It appears it could be completed in about 15 - 45 minutes.
- Format:** The person fills out the questionnaire.
- Age:** 6th grade or age range 10 - 15.
- Validity:** Concurrent validity was assessed by correlating scores on the schedule with estimates of the extent of bilingualism based on parent interviews. The resulting coefficient was .82, the coefficient based on ratings by someone who was acquainted with the person was .73.
- Reliability:** Test-retest reliability was reported as .81 after a three week interval. Split-half reliability was reported to be .92, when corrected for length by the Spearman-Brown formula. The correlation between scores from siblings was reported as .69.
- Administration and Scoring:** While the instrument is easily administered, no instructions were specifically given

- Title:** Language Facility Test
- Author:** John T. Daily
- Publisher:** The Allington Corporation
801 N. Pitt St. #701
Alexandria, Virginia 22314

Copyright Date: 1968 test-plates, 1965.

Examiner Qualifications: The test can be administered and scored by personnel with a minimum of training.

Type of Test: Measures language facility which is independent of vocabulary pronunciation, and grammar. In effect, it gives a measure of how well a person can use the language or dialect to which he has been exposed in either his home environment or school.

Description: The test obtains a sample of speech in 10 minutes or less by means of having the child tell stories about or describe a series of 12 pictures.

Cost: Information was not given.

Timelimits: The test is untimed. Rarely more than 10 minutes will be needed for three pictures.

Format: The test obtains a sample of speech in 10 minutes or less by means of having children tell stories about or describe a series of pictures. Responses to each picture are assigned scores on a 9 point scale according to detailed scoring.

Ages: The test is designed to measure language facility at all ages from about 3 years to maturity.

Validity: Virtually no empirical validity studies are reported.

Reliability: Inter-rater consistency in scoring ranged between .88 to .94, inter item correlations are in the 70s and 80s and test-retest correlations ranged from .46 to .90.

Administration and Scoring: The scoring of the test requires no special training other than a careful study of the scoring directions and examples (contained in the manual). It is assumed that the scorer is familiar with and can understand the language or dialect in which the child's responses are given.

Title: Test of Language Dominance (TOLD)

Author: Willard P. Bass

Publisher: Southwest Research Associates, Inc.
P. O. Box 4092
Albuquerque, New Mexico 87106
(505) 266-4781

Copyright Date: 1973 (Revised in 1975)

Purpose of Test: To measure a child's proficiency in two languages by assessing the child's passive understanding of word meanings and active skills in word naming in both languages.

Examiner Qualifications: Examiner must be bilingual in English and the other language tested.

Type of test: A language dominance test measuring vocabulary.

Description: The test is divided into two parts. Part I (Word Meaning) is designed to measure receptive verbal ability, while Part II (Word Naming) assesses expressive verbal ability. Part I includes 52 items arranged in order of progressive difficulty. For each test item the child is presented with four pictures and asked to mark the object named by the examiner. Half of the items are given first in English and the other half are

given first in the second language. For the English Navajo Test, items 1-14 are presented in English, 15-40 in Navajo and 40-52 in English. The same pictures are used for both English and the second language (however, the sequence of the pictures is different).

Cost: No information is given.

Time limits: One minute for each test item.

Format: Part I. The child's test booklet containing 52 test items and six examples. Each item consists of four pictures in a row.
Part II. A statement is made orally by the examiner to which the child responds verbally. One form available in English, Navajo, Spanish, Tewa (Indian) and Yap'ik (Eskimo).

Ages: 5-8 years

Validity: No validity information is available in the manual.

Reliability: No reliability information is available in the manual.

Administration and Scoring.

The instructions for the administration of the test are well written and concise. Scoring is objective and can be done quickly. The child's booklet provides a page for recording pertinent information about the child, pretest and posttest scores, and recording a bilingual ratio and scaled score. Part I may be administered to groups of children but Part II is individually administered. Both languages are tested simultaneously.

Other: No normative data are available although a scaled score is provided. The author's intent was to develop a test, consistent with the theories of Piaget, that measures verbal rather than mental development. In order to achieve this, the conceptual level of the tasks within the measure were kept relatively simple.

The measure is quickly administered and scoring relatively simple requiring very little in the way of specialized equipment and specially trained examiners. Insufficient data are available to evaluate its technical considerations.

Title: Language Dominance Index Form

Authors and Publishers.

Developed and printed by the Department of Education for the State of California.
Wilson Riles
Superintendent of Public Instruction and Director of Education
Department of Education
State Education Building
721 Capitol Mall
Sacramento, California 95814

Purpose of Test:

The Index is presented with a memo from Wilson Riles to the County and District Superintendent of Schools, dated February 23, 1973. The Index was designed to evaluate a child's English proficiency and thus identify those children with limited or non-English speaking ability and to assess his proficiency in his native language.

Examiner Qualifications.

It is given by a person who speaks both English and the other language spoken by the child.

Description.

The Index includes sections that evaluate the child's listening and reading comprehension, speaking, and writing, together with a questionnaire dealing with what language the child uses in various situations. Throughout the test, if the child does not understand a question asked in English the examiner may repeat the question in the child's mother tongue. The examiner's form provides space for immediate evaluation of the child's responses in terms of, correct response, incorrect response, no response, few error or can't write and as to which language was used by the child.

Listening comprehension is evaluated by giving the child four commands (sample item. "Show me your smallest finger"). To ascertain the child's speaking abilities, the child is asked four questions designed to elicit a spoken response from the child (sample item. "Please describe some of the things in this room and what they are used for"). The child is asked to read four items aloud, then to read a sentence silently and answer the questions orally.

To evaluate his writing abilities the child first is asked to write an answer to three questions, then write two sentences which describe his home or car.

The questionnaire determines the language spoken in various family situations.

Cost: No information was available.

Time limits: No information was available.

Format: The form for the examiner contains all questions included within the Index and provides a space for evaluating the child's responses. The child's form only includes those items included in the written section of the Index and spaces for the child to respond to the questions in writing.

Validity: No data are available.

Reliability: No data are available.

Administration and Scoring: Instructions for the administration are brief and easily understood and require little preparation by the examiner. General scoring instructions are given. However, the scoring process is subjective and provides very general categories. No indepth evaluation of the child's responses is done. It is individually administered. No normative data are given.

Other: The Index is primarily an English language assessment and is used to assess another language only in cases where the child is unable to understand the questions in English (with the exception of the questionnaire portion). The small number of test items allows the Index to be given quickly but the range of items is restricted. Although the test states it may be used at K-12 levels, the items appear to be most appropriate for elementary age children.

Title: Mat-Sea-Cal

Authors: Joseph H. Matluck
Betty Mace-Matluck

Publishers: Center for Applied Linguistics
815 4th Ave. North
Seattle, Washington 98109

Center for Applied Linguistics
1611 North Kent St.
Arlington, Virginia 22209

Copyright Date: 1974

Purpose of Test:

The totally oral test is designed to:

(1) determine the child's ability

- to understand and produce distinctive characteristics of English;
- to express known cognitive concepts;
- to handle learning tasks in English;

(2) to provide placement and instructional recommendations with respect to alternate programs.

The development of the test was from the point of view of identifying the basic communication concepts a child must handle in order to perform in a school setting, i.e., the skills of identifying, classifying,

quantifying, interrogating, and negating, and of showing important relationships such as spatial, case, and temporal. The purpose for other language tests is the same with respect to the particular language.

**Examiner
Qualifications:**

The test can be administered and scored by teachers, however, the tester must be a native speaker of the language being tested.

**Type of
Test:**

A series of oral proficiency tests in six languages.

Description:

The prototype English test uses three modes of assessment:

- (1) listening comprehension,
- (2) sentence repetition, and
- (3) structured responses.

Language features incorporated within the three parts include phonology, morphology, lexicon and syntax. The test contains 81 sentences, strictly oral which employ the three modes incorporating the categories of recall and recognition.

Part I — Listening Comprehension. There are three cartoon pictures per sentence. The child marks his choice in response to a taped stimulus.

Sample Test Item:

Pictures shown are 2 boys, 1 boy, 1 boy and a cat. Stimulus: "Find the boys."

Part II — Sentence Repetition. Twenty-six sentences are prerecorded and played once. They are to be repeated by the child. The sentences are related to two pictures, "In the Park" and "In the Neighborhood."

Sample Test Item:

"The fat man has three balloons on a string."

Part III — Structured Responses. This section contains twenty-eight questions asked by the examiner to which the student responds.

Part III-A includes nine visuals (5" x 8") representing particular action verbs.

Part III-B has as a visual-reference a picture entitled "In the Home."

Sample Test Items:

Part III-A — "What's the little girl doing?"

Part III-B — "What was Lily's mother watching?"

Cost:

Cost information is available from Dr. Matluck.

Time limits:

20-40 minutes, depending on the language being tested.

Format:

All oral stimuli are prerecorded with the exception of Part III.

Part I — Student booklet contains pages showing three 2½" x 3" drawings for each sentence. Pages are color coded to aid the child.

Part II — Two large pictures are shown the child while he hears and then repeats each sentence concerning the picture.

Part III-A — Child's booklet showing one picture per page. There are nine pictures shown in a flip card manner.

Part III-B — Visual reference is a 17" x 22" picture entitled, "In the Home."

Each section of the test has a master chart whose coordinates reflect the relationship between the concept and the language manifestation for each grammatical item tested. The examiner's packet includes:

- (1) the master chart for each section;
- (2) a set of visuals
- (3) audio tapes;
- (4) scoring and diagnostic sheets; and
- (5) an Examiner's handbook.

There is one form for each language. Language versions include tests in the following languages: English, Spanish, Tagalog, Ilakanô, Cantonese and Mandarin.

Ages: K - 4 grades

Validity: No validity data available

Reliability: No reliability data available. Validity and reliability data will be available by writing directly to the authors.

Administration and Scoring.

Instructions for administering the measure are given generally in the introduction of the manual. They are given in detail in a clear, concise manner preceding each part of the measure. Instructions for scoring the measure are given in the introduction to the test. For Parts I and II scoring has been made as objective as possible by simplifying the examiner's need to decide whether the child's answer is right or wrong. Grading by a native-speaker of an utterance made by a student on a tape is basically subjective in nature. But the grading of a lexical, grammatical or phonological structure has been objectivized by isolating it from every other element in that utterance and scoring it right or wrong with respect to specific and stated criteria as to the native pattern involved. Detailed scoring procedures are given for each of the three parts of the measure. The manual provides one full page for each test item which gives the sentence and pictures, identification of the item to be evaluated and its category (phonology, morphology, syntax, and vocabulary.) The test is individually administered.

Other: With regard to practical considerations the test is very well developed, and the manual is well done. Having validity, reliability and normative data would add to the strength of the manual and the test.

Title: James Language Dominance Test

Author: Peter James

Publisher: Learning Concepts
2501 N. Lamar
Austin, Texas 75705

Copyright Date: 1974

Purpose of Test: To determine language dominance in Mexican-American children.

Examiner Qualifications: Can be administered by professional or para-professional persons. All examiners must be fluent Spanish speakers.

Type of Test: To establish language dominance of kindergarten and first grade Mexican-American children.

Description: It consists of 40 visual stimuli designed to yield a measure of the child's language dominance or bilingualism in both production and comprehension. Questions are printed in both Spanish and English. A manual provides directions for administration and scoring. The test itself is divided into four parts.

Spanish Comprehension. The examiner tells the child one word in Spanish and the child responds by pointing to the picture reflecting the question.

Spanish Production. The examiner shows the child more pictorial illustrations and asks him in Spanish "What is this?" The child verbally articulates in Spanish the label of the object (item). Similar subtests are included to measure English Comprehension and English Production. On these two subtests the same pictures are used. The instructions and directions are in English and the student responds in English.

Cost: Information was not available.

Time limits: 7 - 10 minutes per child.

Format: The examiner places the pictorial booklet in front of the child. In the Spanish parts all instructions and responses must be in Spanish. If a child responds to a production item with an inappropriate answer because he misunderstands the picture the administrator may ask, "What else might it be?" or "¿Que otra cosa puede ser?" However, the administrator may not interpret the picture for the child. If all efforts seem futile, administer the test in English and return to Spanish later. If the child still does not respond to the Spanish or misses 10 of the 20 comprehension items after the examiner has administered the English version, the testing should cease.

Ages: Grades kindergarten and first.

Validity: After determining the item's difficulty, items were selected from a larger set to give a spread of difficulty and to provide a representative language repertoire. The author also reports high correspondence between performance on this test and the language usage in the home.

Reliability: Information is not given.

Administration and Scoring.

Instructions for administering in both languages are easy to follow. Scoring procedures offers a variety of options. For example, in the Spanish and English Production more up-to-date words may be used. Tennis shoe in Spanish may be the word "tenni" and the Spanish may use the word "tennie" instead of the traditional word "shoe". There are 7 alternate words in Spanish and 9 alternate words in English.

The instrument may be used to place a child in one of the following categories. Spanish dominant, bilingual with Spanish as a home language, bilingual with English and Spanish as home languages, English dominant but bilingual in comprehension, or English dominant.

Title: Bilingual Syntax Measure

Authors: Marina K. Burt, Heidi C. Dulay, and Eduardo Hernández Chavez

Publisher: Harcourt-Brace-Jovanovich, Inc.

Copyright Date: 1975

Purpose of Test.

It is designed to measure oral proficiency in English and/or Spanish grammatical structure by using natural speech as a basis for making judgments regarding:

- (1) language dominance with respect to basic syntactic structures,
- (2) structural proficiency in English as a second language
- (3) structural proficiency in Spanish as a second language
- (4) degree of maintenance or loss of basic Spanish structures and
- (5) language acquisition research.

Examiner Qualifications. The teachers or other professional school staff personnel must speak both languages.

Type of Test. It measures children's acquisitions of English and/or Spanish grammatical structure. It can be used as an indicator of language dominance with respect to basic syntactic structure.

Description. This is a Conversation type test. One talks individually with a child about some pleasant pictures. There are no correct answers in a conversation of this kind. Different answers to the same questions are expected to the same question since children have different backgrounds and perceive the pictures differently.

Based on the analyses of children's actual speech, the teacher can get a good picture of what grammatical structures the children display in their verbal responses and what they have yet to acquire.

This test has two language versions (English and Spanish) and is composed of five booklets.

Cost: Information was not available.

Time limits: Approximately 10 minutes.

Format. Pictures are presented to children and they are asked pertinent questions concerning them. One language is first assessed and then the other. It is preferable to space the versions at least several hours apart. When recording the child's responses it is essential that exactly what the child says be written down in the child's Response Booklet in the language(s) the child uses.

Ages: Grades K - 2; ages 4.5 to 8.5

Validity: Information was not available.

Reliability: Information was not available.

Title. Gloria and David — Oral Bilingual Test (the test manual was not available. This evaluation is based on information provided on file by the Texas Education Agency).

Author: Language Arts, Inc.

Publisher: Language Arts, Inc.
3102 Maywood Ave.
Austin, Texas 78703
(512) 451-5365

Copyright Date: 1968

Purpose of Test. The purpose of this test is to assess the child's ability to repeat sentences and thereby ascertain his comprehension and phonology abilities. Structural interference can be determined in the case of bilingual children.

Examiner Qualifications. Examiner should be able to speak the child's language. These qualifications are necessary only for scoring purposes since a prerecorded tape is used.

Type of Test: Sentence repetition test of English and Spanish.

Description. The test is composed of 51 sentences keyed to 20 pictures taken from the Gloria and David reading series. There are 25 English and 26 Spanish sentences recorded by a native Texas bilingual woman. The English sentences range from three to nine syllables in length while the Spanish sentences range from three to thirteen syllables in length. The sentences are presented in random order with no more than two sentences in sequence in the same language. Each sentence relates to one of the slides shown to the child. The child looks at the colored slide, hears a sentence and then repeats the sentence. His responses are taped and evaluated at a later time.

Cost. No cost information is available. However the need for specialized equipment increases the cost of the test. Special equipment needed includes: The Dukane Assistant (automated filmstrip viewer), a headset with earphones and a boom mike, cassette recorder and an individual cassette for each child, a master cartridge (a sound tape cartridge combined with a filmstrip which the machine plays automatically).

Time limits: 10 minutes.

Format. The child is equipped with a headset and microphone. He is shown color slides which are synchronized with a pre-recorded tape. The child is instructed to repeat the sentence during the time provided on the tape. His response is then recorded.

Ages: 4 - 7.

Validity: No information on validity was available.

Reliability. No information on reliability was available. However, much research is available by writing directly to Language Arts, Inc., or to Dr. Thomas Horn, Department of Curriculum and Instruction, The University of Texas, Austin, 78712.

Administration and Scoring.

- (1) Administration is relatively easy as it is basically done with prerecorded tapes and synchronized slides.
- (2) Because of the lack of available manual scoring criteria is unknown.
- (3) The test is administered individually.
- (4) The test is administered once.

No normative data were available. It is unknown whether the test manual contains this information.

Other. Provided the necessary equipment is available, the administration of the instrument can be done with ease. The difficulty of evaluating the child's responses is unknown. Data are available discussing the range of phonemes and words presented in both English and Spanish sentences. Also available are the Gloria and David English Speech Training Series and a Chart of the Phonological and Grammatical Features of the Assessment.

Some factors that may limit the effectiveness of the instrument include:

- (1) The limited syntactic measure.
- (2) Sentence repetition as the sole basis for evaluation.
- (3) The cost of necessary equipment.
- (4) The random ordering of sentences rather than an increasing difficult arrangement and,
- (5) The use of the present tense only.

Also insufficient data were available to evaluate other technical considerations.

APPENDIX B

Intercorrelations of Appropriate Sub-Tests of WISC-R For The Area Of Visual Dysfunction

	PC	PA	BD	OA	C	M
PC	1					
PA	.40	1				
BD	.52	.46	1			
OA	.48	.42	.60	1		
C	.19	.25	.33	.24	1	
M	.34	.32	.44	.37	.21	1

Intercorrelations of Appropriate Sub-Tests of WISC-R For The Area Of Auditory/Language Dysfunction

	INF	SIM	ARITH	VOC	COMP	DS
INF	1					
SIM	.62	1				
ARITH	.54	.47	1			
VOC	.59	.67	.52	1		
COMP	.55	.59	.44	.66	1	
DS	.36	.34	.45	.38	.26	1

Intercorrelations Of Appropriate Sub-Tests Of WISC-R For The Area Of Haptic/Sensory Motor Dysfunctions

	BD	OA	C	M
BD	1			
OA	.60	1		
C	.33	.24	1	
M	.44	.37	.21	1

$$\text{DEVIATION QUOTIENT} = (\text{COMPOSITE SCALE SCORE} \times A) + B$$

Using 3 Subtests*
Constants For Converting Wechsler
Composite Scores Into Deviation Quotients¹

ΣT	A	B
2.16-2.58	1.8	46
1.79-2.15	1.9	43
1.48-1.78	2.0	40
1.21-1.47	2.1	37
.97-1.20	2.2	34
.77-.96	2.3	31
.59-.76	2.4	28

¹ Adapted From: Tellegen, A. and Briggs, P. F., "Old Wine In New Skins: Grouping Wechsler Subtests into New Scales", Journal of Consulting Psychology, 31, p. 504, 1967.

APPENDIX C

For those tests listed below PC indicates Psychological Corp., 304 East 45th Street, New York, New York, 1949, WPS indicates Western Psychological Services, 12035 Wilshire Blvd., Los Angeles, California, 1949, and AGS indicates American Guidance Service, Publishers Building, Circle Pines, Minnesota, 1959.

1. Stanford-Binet Intelligence Scale Revised. Houghton Mifflin, 110 Tremont Street, Boston, Massachusetts
2. Wechsler Intelligence Scale for Children (WISC). (PC)
3. Peabody Picture Vocabulary Test (PPVT). (AGS)
4. Goodenough-Harris Drawing Test. Harcourt, Brace & World, 757 3rd Avenue, New York, New York
5. Raven Progressive Matrices. (PC)
6. Leiter International Performance Scale. (WPS)
7. Arthur Point Scale of Performance Tests, Revised Form II. (PC)
8. Columbia Mental Maturity Scale, Revised Edition. Harcourt, Brace & World, 757 3rd Avenue, New York, New York
9. Hiskey-Nebraska Test of Learning Aptitude. University of Nebraska, Lincoln, Nebraska
10. Bender Visual-Motor Gestalt Test. (PC)
11. Benton Revised Visual Retention Test. (PC)
12. Oseretsky Test of Motor Proficiency. (WPS)
13. Frostig Developmental Test of Visual Perception. Consulting Psychological Press, Palo Alto, California
14. Lincoln-Oseretsky Motor Development Scale. (WPS)
15. Memory-For-Designs Test. Psychological Test Specialist, Box 1441, Missoula, Montana
16. Purdue Perceptual-Motor Survey. Charles E. Merrill, 1300 Alum Creek Drive, Columbus, Ohio 43216
17. Illinois Test of Psycholinguistic Abilities. University of Illinois Press, Urbana, Illinois
18. Detroit Test of Learning-Aptitude. Bobbs-Merrill, Inc., Indianapolis, Indiana
19. Wepman's Auditory Discrimination Test. Language Research Associates, 950 East 59th Street, Chicago, Illinois
20. Wide Range Achievement Test. (PC)
21. Vineland Social Maturity Scale. (PC)
22. AAMD Adaptive Behavior Scale, 1974 Revision. American Association on Mental Deficiency, 5201 Connecticut Avenue, N. W., Washington, D. C.
23. AAMD Adaptive Behavior Scale. Public School Version. American Association on Mental Deficiency, 5201 Connecticut Avenue, N. W., Washington, D. C.
24. AAMD-Becker. Reading-Free Vocational Interest Inventory. American Association on Mental Deficiency, 5201 Connecticut Avenue, N. W., Washington, D. C.
25. H-T-P. House-Tree-Person Projective Technique. (WPS)
26. Rophde Sentence Completion Test. (WPS)

27. Rotter Incomplete Sentences Blank. (PC)
28. Roughness Discrimination Test. American Printing House for the Blind, Austin, Texas
29. Cain-Levine Social Competency Scale. Consulting Psychologists Press, Palo Alto, California
30. Meeting Street School Screening Test, Meeting Street School, Providence, Rhode Island
31. Southern California Sensory Integration Tests. (WPS)
32. Gessell Developmental Schedules. (PC)
33. Slosson Intelligence Test. (WPS)
34. Otis-Lennon Mental Ability Test. (WPS)
35. Pupil Rating Scale for Learning Disabilities. (WPS)
36. Hayes-Binet. Perkins School for the Blind, 175 N. Beacon Street, Watertown, Massachusetts
37. Maxfield-Bucholz Scale. American Foundation for the Blind, 15 W. 16th Street, New York, N. Y.
38. Overbrook Social Competency Scale. Personnel Research Associates, Inc., 701 Metropolitan Building, 1407 Main St., Dallas, Texas 75202
39. Barragú Visual Efficiency Scale. American Printing House for the Blind, Austin, Texas
40. Kinetic Family Drawings. Brunner/Mazel, Inc., 64 University Place, New York, N. Y.